53 7001

BALTIMORE CITY HEALTH DEPARTMENT

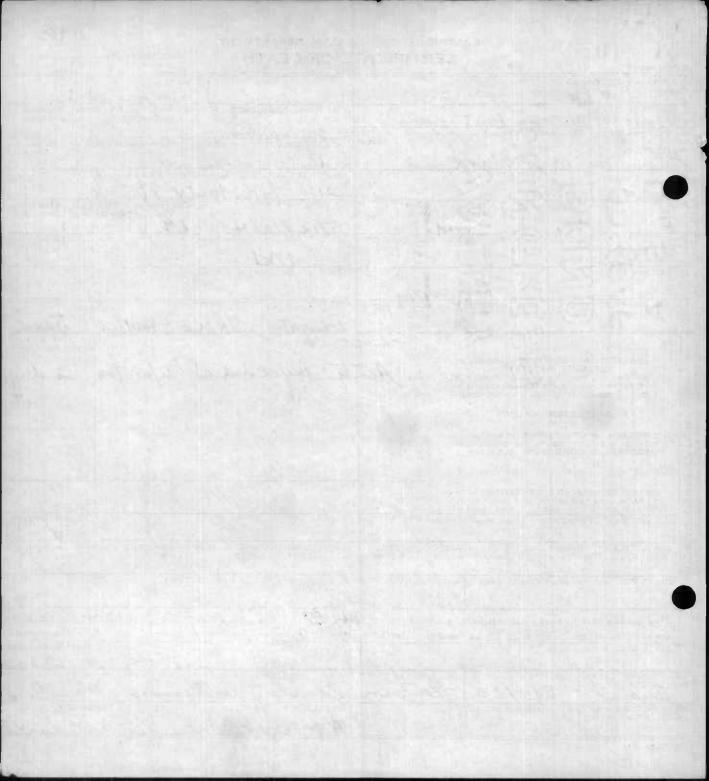
53 7001

В	IRTH NO			CLITTITICAT	E OF BEATH	200	
1.	NAME OF D					2. DATE	
(.	Type or Print)	Ars. CHAR	LOTTE	C. ENG	LE	DEATH AN	ALL TI 1900
3	PLACE OF D	EATH:			I A LIGHTAL DECIDENCE	(Where deceased lived, I	Institution: residence
_	FULL NAME	City, Maryland	tal an in adidud	on, give street address or	STATE 0	B. COUNTY	before admission)
H	OSPITAL OR	OF (II not in nospi	al or institut	location)		(If outside corporate limit	e mwite DIIDAT and -in-
11 1	NOITUTION	2001	OLI	- 70	S. C.	(11 outside corporate innit	township)
-	unun	Married	10	yun	7000		
				Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
4		tay in Baltimore		Days	613 Vande	y ane.	
5	SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	8 DATE OF BIRTH	9. AGE (In years I	Under 1 Year If Under 24 Hours nths: Days Hours: Min.
	mole	white	m	amel	Luka 12.1911	ast bit tituay) bit	nus Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KIND		11. BUXTHPLACE (State or	r foreign country)	12. CITIZEN OF
WOI	done during most o	of working life, even if retired)	mi. 17	INDUSTRY	V. D.	1.	WHAT COUNTRY?
13	FATHER'S	JAME	1 de gan	wen co.	Jones Janes	Mylanda	0.3.
	0.1.4	. 4 0.		(m)	14. MOTHER'S MAIDEN	NOME	
_	Cover	c. Jul	سد	•	Doing Ullen	Smills	
(Ye	o, no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17, INFORMANT	A	DDRESS
,				SECORITI NO.	Heerbrand	Sa	me
	18162	V		CAUSE	OF DEATH		INTERVAL BETWEEN
	100	A I	DIDECTIV	CAUSE	OF BEATH		ONSET AND DEATH
×.		E OR CONDITION	TH	(And	400-	0	The second second
	(This does heart failu:	not mean the mode ore, asthenia, etc. It mea	of dying, e. g	(A)			*******
		complication which			0		
		ANTECEDENT CAUS	SFS				
Z		ALTECEDENT CAGE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(B)			
O	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	G	***************************************	***************************************	***************************************
CAT	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
				(C)			
CERTIFI		11					
RT		IGNIFICANT CONDI			•		
븼	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	men	mmen		
				FINDINGS OF OPER	ATION		20. AUTOPSY?
A		0					YES NO
EDICAL	21A. ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i	or 21c. WHERE DID	(If in Baltimore City, g	
G	LYING OF	CONTRIBUTING	about home, fe	rm, factory, street, office bldg.,	to.) INJURY OCCUR?	(, re chaot location,
Σ	CAUSE OF I		1				,
	OF INJURY	Month) (Day) (Year)		LIE. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
103			m. W	WORK NOT WHILE			
	22. I horoha	y certify that I att	anded the		26 1953to	August 2 1005	2 2 1 2 12
				and that death occul			that I last saw the
١.	23A, SIGNAT				3B. ADDRESS	the causes and on th	
			who		The me	011	23c. DATE SIGNED
2	AA, BURIAL.	REMAY 248, DATE	12	M. D. 4C. NAME OF CEMETE	RY OR CREMATORY 24b.	LOCATION (City, town,	or county) (State)
TI		READ 248, DATE		114 10.	/Y. U	t do	or country (state)
_	Kemora		1	NIC NOOE	am. 10	nh va.	
	ATE RECEIVED		S SIGNATU	RE	25. FUNERAL DIRECTOR	211	ADDRESS
	Vin 10 20	NOTE OF THE PERSON OF THE PERS		Brown L.	14 Party ch	nc. Walter	nne
	Vs 150	4.00	a supri	- N	7 11 11 22		
		The same of the sa	- E-S		13 1		

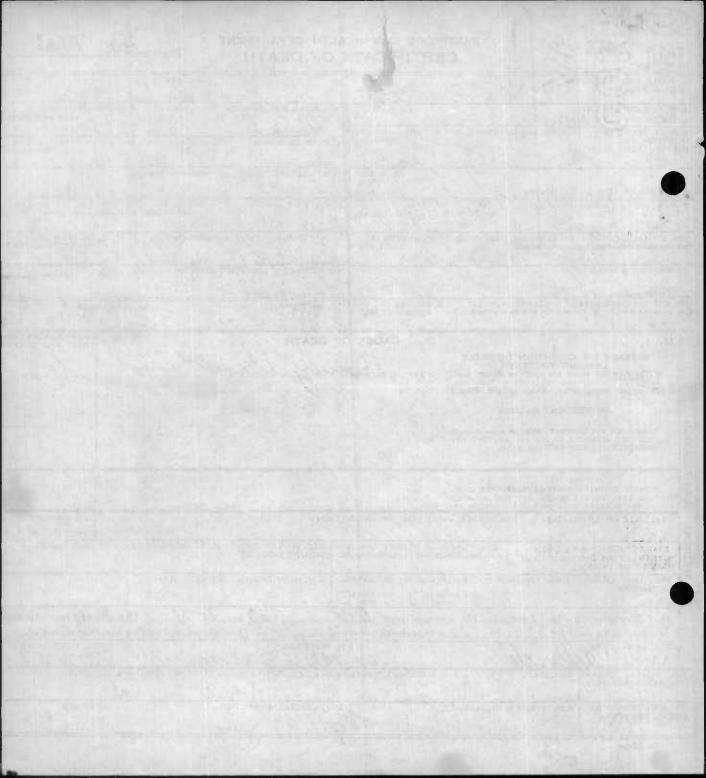
LOCAL REGISTRAR

AUVS 150

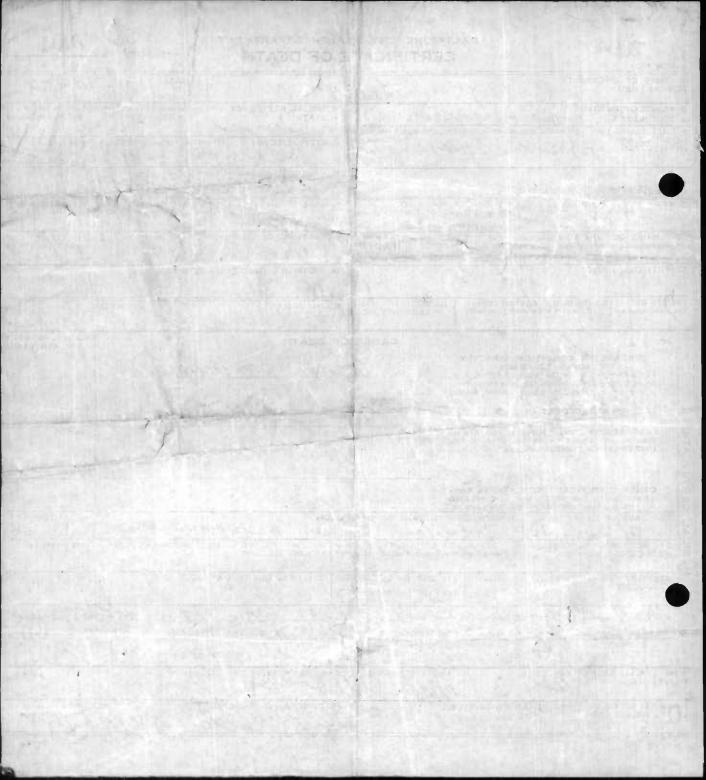
BALTIMORE CITY HEALTH DEPARTMENT Registered No ._ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived of institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Morekand HOSPITAL OR location) C. CITY OR NOWN (If outside corporate limits, write RURAL and give INSTITUTION Lulherun Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 9. AGE (In years) 7. SINGLE, MARRIED It Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. NIG 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES:
(Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS INTERVAL BETWEEN 18. 420.1 CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT DICAL 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK , 1953, to Aug. 22. I hereby certify that I attended the deceased from AUS , 1943, that I last saw the 50 deceased alive on Aug- 2, 1953, and that death occurred at 2 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRES 23c. DATE SIGNED 24A. BURIAL CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county TION, PEMOVAL (Spenty Buria Genelar DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived If institution: residence 3. PLACE OF DEATH: hefore admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | | Under | Year | | | Under 24 Hours | last birthday | Months; Days | Hours; Min. 8. DATE OF BIRTH Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. AIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTR P.P. Conductor (retired 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER N U. S. ARMED FORCES?
(Yes, no or unknowo) | (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknowo) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICA 21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 19 I that I last saw the 22. I hereby certify that I attended the deceased from_ R.m., from the causes and on the date stated above. 19 3 and that death occurred at_ deceased alive on_ 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR 1 duna Vario REGISTRAR'S SIGNATURE ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



(-320				
53 7004 BIRTH NO.	CERTIFICATI		53 Registered No.	7004
1. NAME OF DECEASED Cate	es Zili	ly	2. DATE 7/-	30-53
3. PLACE OF DEATH: A. Baltimore City, Maryland Be	ldimore a	4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence before admission)
B. FULL NAME OF IIf not in hospital or HOSPITAL OR INSTITUTION TO AUUL!	institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits	vrite RURAL and give townshlp)
	Yrs.	17000	ural, give location	
ngth of stay in Baltimore 5. SEX 6. COLOR OR BACE 7.	Mos. Days	640 Jas	per ot .	12 Naybal
FIC	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	4. 1. 20	last birthday) Month	der I Year # Under 24 Hours ne Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	4 8 17
2		7		
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	To 64	RESS.
18. 5 \$ 7,0	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY	a. L. Donah		Jan
(This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause	ie disease,	cute paner	rapiris	
ANTECEDENT CAUSES				
O DISEASES OR CONDITIONS, IF AN	Y, GIVING			
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION	TING THE DUE TO			
II III	(C)			
TRIBUTING TO THE DEATH, BUT NOT	RELATED			
19a. DATE OF OPERATION 19b. I	MAJOR FINDINGS OF OPER	ATION	1.1	20. AUTOPSY7
7/29-53 21A, ACCIDENT, SUICIDE. 2	Indurated Ja 1B. PLACE OF INJURY (o. g., i)	neres. Acute pa	in Baltimore City, give	YES NO
HOMICIDE (Specify)	ont home, farm, factory, street, office bldg.,		in battimore Oity, give	e exact location)
21D. TIME (Month) (Day) (Year) (Hor	ur) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR7	
	m. WHILE AT NOT WHILE			
22. I hereby certify that I attend			30,1953	
deceased alive on 7/31, 19	953, and that death occur	35 ADDRESS		date stated above. 23c. DATE SIGNED
archi	mel M.D.	Lyandin by vo		7/3/53
TION, REMOVAL (Specify) 24B. DATE	MIX CC	RY OR REMATORY 24D. LC	CATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SI LOCAL REGISTRAR	The state of the s	25 PUNERAL DIRECTOR	24198	DORESS
VS 150		7005	11/10	aus
	6.43	80		The same



53 7005 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF Schultheiss, Baby Boy DEATH Aug. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give INCH TO X DC TATEON township) D. STREET ADDRESS (If rural, give location) St. Joseph's Yrs. Mos. igth of stay in Baltimore Days 3152 Ravenwood 7. SINGLE, MARRIED 9. AGE (in years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) Dingle II. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of worklog life, even if retired) WHAT COUNTRY? INDUSTRY None None Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herman orman Conrad Schultheiss Margaret Katherine Koerber 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN 18. 7 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Premature separation of placenta heart failure, asthonla, etc. It means the disease, lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., in or 2Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY 22. I hereby certify that I attended the deceased from August 2 , 1953, to August 2 , 1953 that I last saw the deceased alive on August 2,1953, and that death occurred at 2:25pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED

M. D.

24c. NAME OF CEMETERY OR CREMATORY

71,00 N. Caroline Street

VS 150

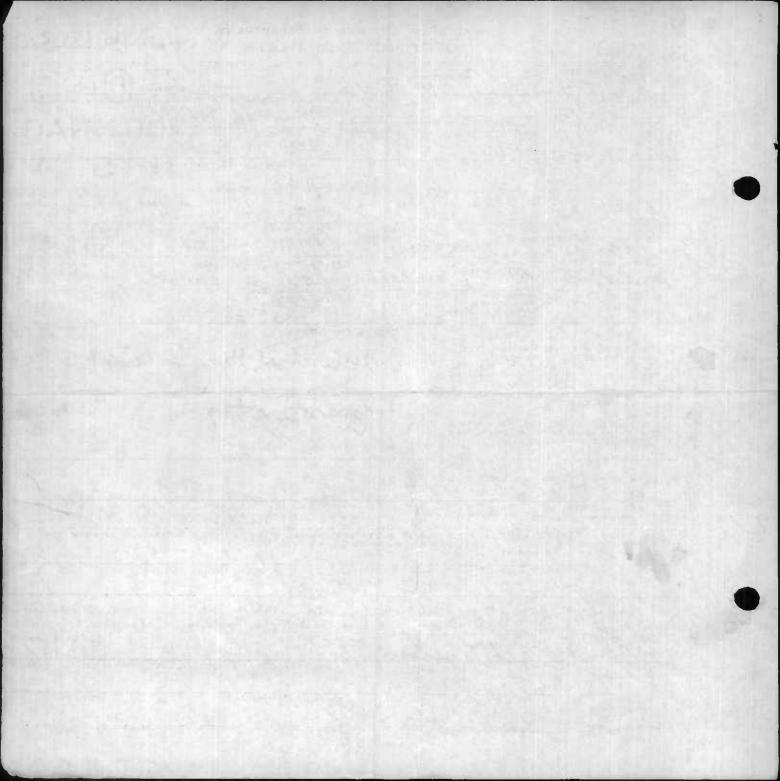
24A. BURIAL, CREMA-TION REMOVAL (Specify)

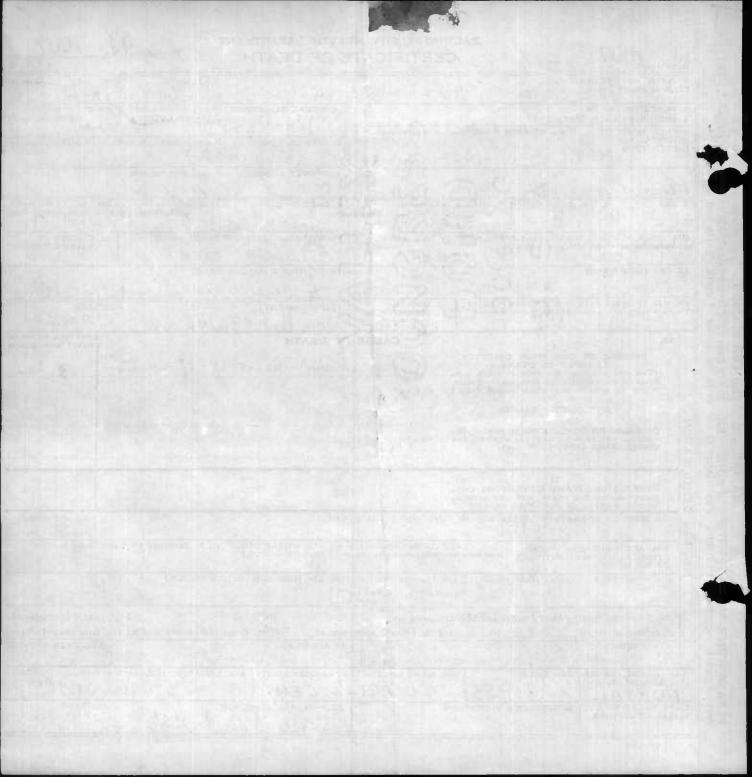
DATE RECEIVED BY

LOCAL REGISTRAR

24B. DATE

REGISTRAR'S SIGNATURE





BALTIMORE CITY HEALTH DEPARTMENT Registered No 369 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE

	, , , , , ,	/ / O V / I / D V	I DEAL	11 /
	PLACE OF DEATH: Baltimore City, Maryland Ball	· Md	4. USUAL RESIDENCE (Where decer	
В.	FULL NAME OF (If not in hospital or instit	ution, give street address or		4-01
	OSPITAL OR ISTITUTION	location)	c. CITY OR TOWN (If outside con	rporate limits, write RURAL and giv township
Ô	1419 Brunt	JT.	Balto. Cili	
		Yrs. Mos.	D. STREET ADDRESS (If rural, give	location)
	ength of stay in Baltimore 21	The Days	1419 Brunt	ST.
7		LE, MARRIED, OWED, DIVORCED (Specify)		(in years # Under Year # Under 24 Hous: irthday) Months: Days Hours: Min
Ź	Emale Colored Wie	lowed	8-16-1890 6:	2
	A. USUAL OCCUPATION (Give kind of 10B. KII k done during most of working life, even if retired)	ND OF BUSINESS OR	11. BIRTHPLACE (State or foreign cour	ntry) 12. CITIZEN OF WHAT COUNTRY
	House Wice	MEGGINI	Inclia Wood	71.0 71.5.19.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
D	his whilfield	n.C.	Sarah Wil	lim M.C.
15 Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 4, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Ulm. Thousand	St. 2448 Fth. D.
	18. 331V	/ CAUSE	OF DEATH	INTERVAL VETWEE
	DISEASE OR CONDITION DIRECTL	Y		ONSE! AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	erel	al remorrhage	2mo
	heart failure, asthenia, etc. It means the disc injury or complication which caused des	ase,		
	ANTECEDENT CAUSES	Aton	o Sclerosis	
5	DISEASES OR CONDITIONS, IF ANY, GIV	/ING		
-	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO		
)		(C)	7	
-	OTHER SIGNIFICANT CONDITIONS OF			
)	TO THE DISEASE OR CONDITION CAUSING			
j	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	RATION	20. AUTOPSY?
5				YES NO L
100		LACE OF INJURY (e. g., i se, farm, fectory, street, office bldg.,		more City, give exact location)
-	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR	?
	OF INJURY	WHILE AT NOT WHILE		
	22. I hereby certify that I attended th		77- 1951 10-7- 29-	, 19.55 that I last saw th
	deceased alive on 7-29-, 1953			
	23A. SIGNATURE		3B. ADDRESS	23c. DATE SIGNEL
	Delas A. Salvina		1000 M. Staril	

24C. NAME OF CEMETERY OR CREMATORY

25 FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

916 Penne ave.

24A. BURIAL, CREMA-

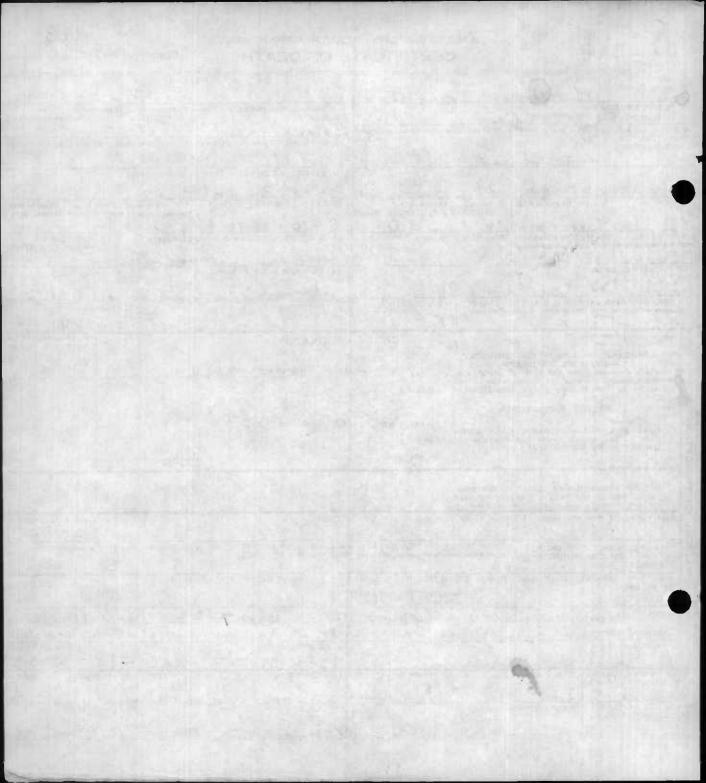
DATE RECEIVED BY

LOCAL REGISTRAR

24B. DATE

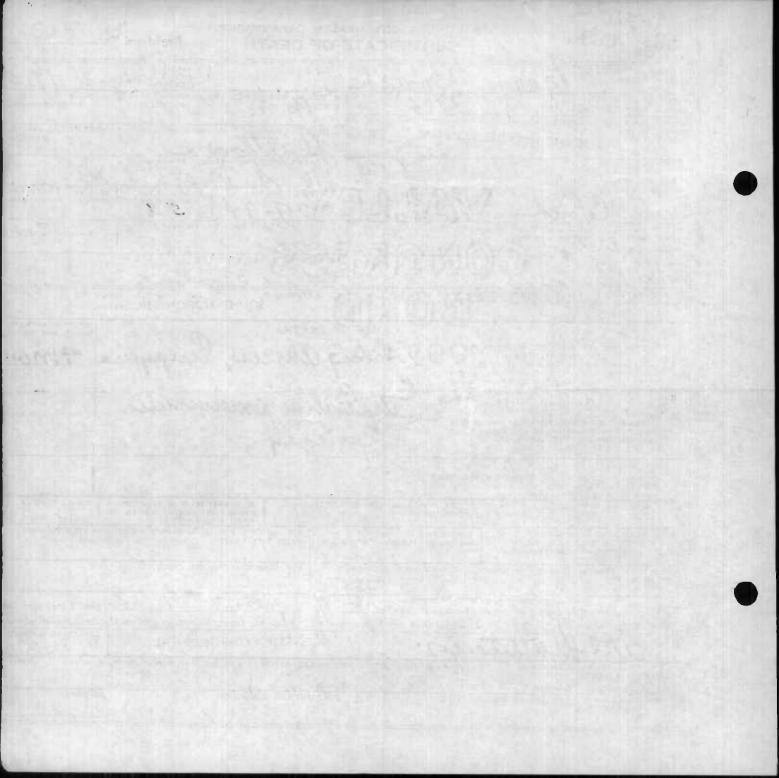
8-3-53

REGISTRAR'S SIGNATURE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.		H	
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.		supplied.	
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item correct age is especially important. Physicians: please write the cau	DALLANIE	of information should be carefully	ses of death clearly and legibly.
PLEASE WRITE PLAINLY, WITH UNFADING correct age is especially important. Physicians:	RESERVED FOR I	INK. Every item	please write the cau
PLEASE WRITE PLAINLY, WITH correct age is especially important.	MARGIN	UNFADING	Physicians:
PLEASE WRITE PLAIN correct age is especially		VLY, WITH	important.
		PLEASE WRITE PLAIN	correct age is especially

je.	53 7009 BIRTH NO.	BALTIMORE CITY HEALTH CERTIFICATE OF	n ·	53 7009
ied. Th	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH:	Roach	2. DATE OF DEATH	
y supplied.	A. Baltimore City, Maryland	institution, give street address or	19 d B. 60	UNTY before admission) prate limits, write RURAL and give township)
carefully legibly.	c. Length of stay in Baltimore		REET ADDRESS (Frural, give lo	5-01
ld be	emale Colored 7.	SINGLE MARRIED, WIRDWED, DIVORCED (Specify)	TE OF BIRTH 9. AGE (II last birt) RTHPLACE (State or foreign countr	hday) Months Days Hours Min.
0	10A. USUAL OCCUPATION (Give kind of work doarduring most of working life, even if retired) Accepted 13 FATHER'S NAME	INDUSTRY	OTHER'S MAIDEN NAME	WHAT COUNTRY?
information of death cl	15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dutes of se		Ther Floris HODING	ADDRESS
em of	18. 57/ X I DISEASE OR CONDITION DIR	CAUSE OF DE		INTERVAL BETWEEN ONSET AND DEATH
Every it write the	LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause	ring, e. g., (A)	Threes, English	yeur 4mo
INK.	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. U	TI SIVING	in preumone	lis
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT.	TED TO THE		
Hel.	WAS	CONDITION FOR WHICH OPERATION PERFORMED	PART I OR PART II	ENTER IN YES NO
ILY, WITH important.	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.,		nore City, give exact location)
PLAINLY, secially impo	21D. TIME (Month) (Day) (Year) (Ho OF INJURY	m. WORK NOT WHILE	21F. HOW DID INJURY OCCU	
TE PL especia	22. I hereby certify that I attend deceased alive on 7-3/, 1	9 5 3 and that death occurred at		40.5 3.4 . 44
E1 0	1 024 CHCANTILLE # 4		DDFCO	and on the date stated above.
WRI e is	10000000	M. D.	CREMATORY 240, LOCATION (and on the date stated above. 23c. DATE SIGNED 7/31/53
WRI e is	10000000	3 M. Calray	CREMATORY 24D. LOCATION (and on the date stated above. 23c, DATE SIGNED 7/31/53 City, town, or county) (State)
RI	10000000	3 M. Calray		and on the date stated above. 23c.DATE SIGNED 7/31/53



V S 151

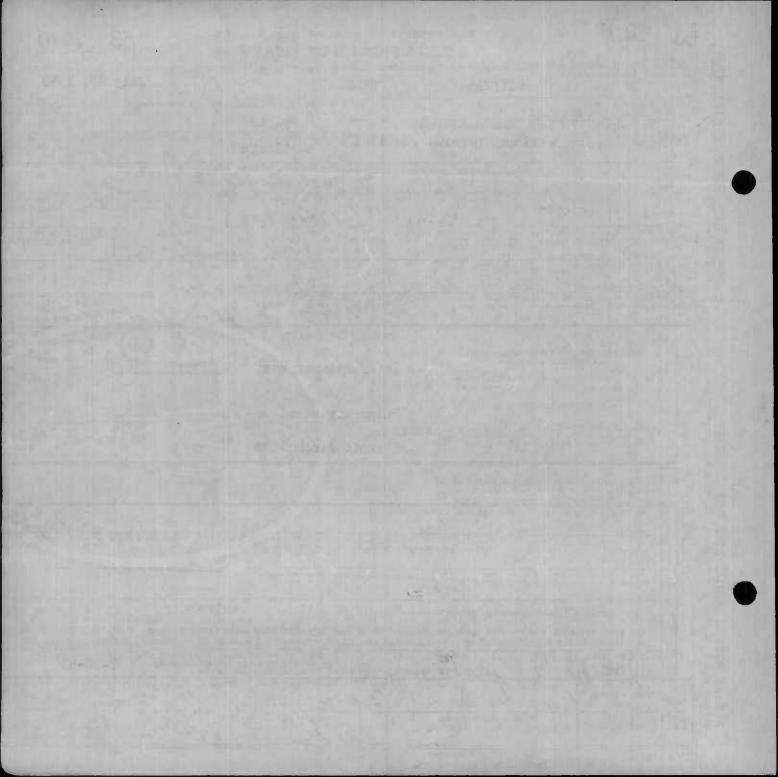
MARGIN RESERVED FOR BINDING

	- Zelo	
53	707020	

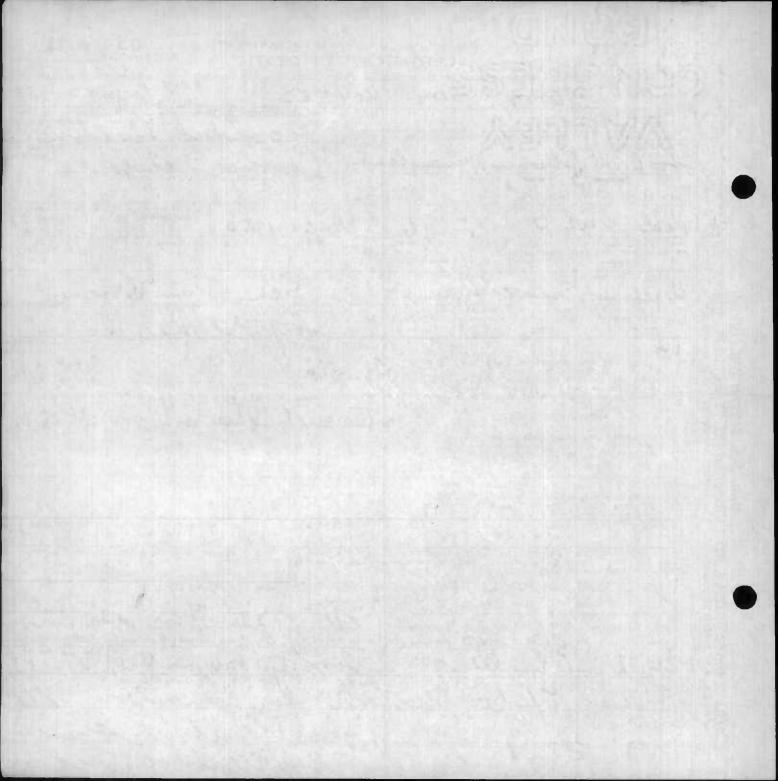
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7010

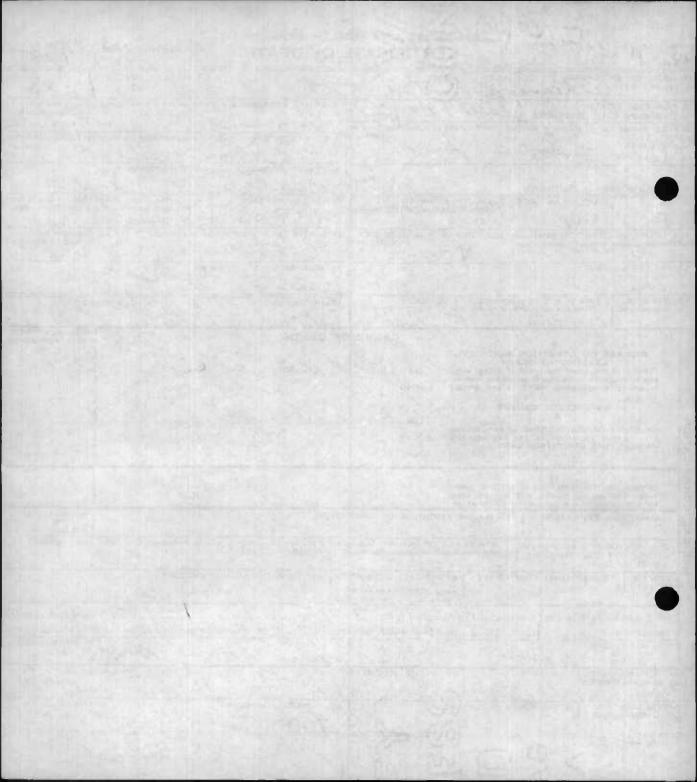
BIRTH NO.		C	ERTIFICATI	E OF DEATH	Registered No	0. 10.0
1. NAME OF I (Type or Print)		WILLIAM	CHEEK	5	2. DATE July DEATH	29, 1953
	City, Maryland			4. USUAL RESIDENCE (A. STATE Maryland		nstitution: residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	South Balti	more Gener	al Hospital		If outside corporate limits,	write RURAL and give township)
c. Length of	stay in Baltimore	9	Yrs. Mos. Days	38 Hugh	f rural, give location)	2-01
5. SEX male	6. COLOR OR RAC	WIDOWED	MARRIED, D, DIVORCED (Specify)	May 1, 1903	9. AGE (In years last birthday) Mon	hder 1 Year H Under 24 Hours ths Days Hours Min.
10A. USUAL OF ork done during most	CCUPATION (Give kin t of working life, even if retir	def 108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHALACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
It ille		weks Sr	/.	14. MOTHER'S MAIDEN I	NAME	
Yes, no or unknown	SED EVER IN U. S. AR		6. SOCIAL SECURITY NO.	17. INFORMANT Pernise H	arrison 9	ORESS Salland
(This do heart fai	ASE OR CONDITION LEADING TO DO Sonot mean the modure, asthenia, etc. It is complication which	EATH de of dying, e.g., means the disease,		of DEATH metamorphosis of	liver	ONSET AND DEATH
PISE TO UNDER!	ANTECEDENT CA ES OR CONDITION THE ABOVE CAUSE LYING CONDITION	S, IF ANY, GIVING (A) STATING THE LAST.	XXXXX	ery edema		
TRIBUTING THE	NG TO THE DEATH. E DISEASE OR CONDIT	INT NOT RELATED	INDINGS OF OPER	PATION		20. AUTOPSY?
1	OF OPERATION					YES X NO
UNDERLYI	RNAL CAUSE WAS NG [] OR CONTR CAUSE OF DEA	B. about home, farm	E OF INJURY (e. g., i a, factory, street, office bldg.,	n or 21C. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, gi	we exact location)
	(Month) (Day) (Yo	WH:	E. INJURY OCCURR LE AT NOT WHILE ORK AT WORK		RY OCCUR?	
			mains described of the sy, Inspection or matural cause		topsy This pection or Inquiry deceased died on the le , homicide , un	thereon and from a day stated above adetermined .
23A. SON	Szenh a	. Jack	imensk	238. CHIEF MEDICAL ASSISTANT MEDICAL I.D. MEDICAL INVESTIGA	L EXAMINER 230 L EXAMINER 7	-30-53
24A. BY IAL, TION REMOVAL	(Specify) Jug	953 24	M. CONA	ry Cen. G	LOCATION (City, town,	y mal
DATE RECEIV LOCAL REGIS	ED BY REGISTR	AR'S SIGNATUR	E (,	Mag Cahu	+ Millist a	Musher



VS 150

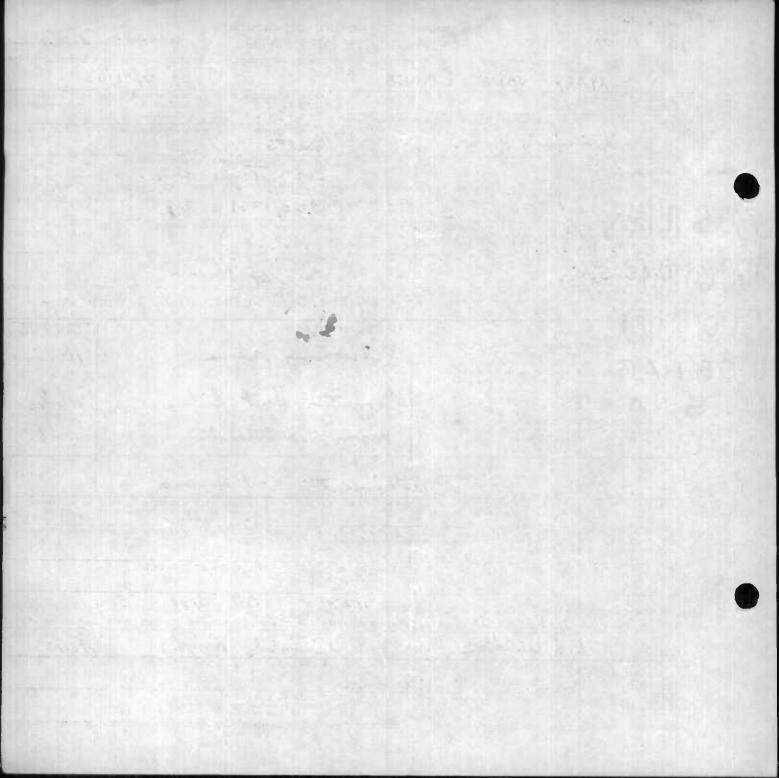


A	53 21871	BAL	TIMORE CITY HE	ALTH DEPARTM	SENT	F-3
3 701 BIRTH NO.	2531 Pame	0 0	CERTIFICATI		70 1 1	ed No. That
1. NAME OF DI (Type or Print)	Othinse	n	Bally g	irl	2. DATE OF DEATH	8/1/53
a. Baltimore C	EATH: Sity, Maryland	hurch	of Hones.	4. USUAL RESIDER	NCE (Where deceased live B. COUNT	ed. If institution: residence hefore admission)
B. FULL NAME	OF (If not in hospita	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and give
Church	2 & Hom	- 1	foot.	3708	yol and	Co Ration (
35			Yrs. Mos.	D. STREET ADDRE	(If rural, give locatio	n) (1912
5. SEX	tay in Baltimore		26-Days	8. DATE OF BIRTH	9. AGE (In year	rs If Under Year If Under 24 Hours
F.	W.	WOOLW	ED, DIVORCED (Specify)	7-7.5	3 26 da) Months Days Hours Min.
	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	IAME	N	one.	14. MOTHER'S MAI	DEN NAME	M.S. H.
Thos	ngo			Bull	. walo	cry
15. WAS DECEASE Yes, no or unknown)	D EVER IN U. S. ARMED (If yos, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	3708 Jolas	rolpost of
	None	- 19	None	Shomas	1 alberte	INTERVAL BETWEEN
	E OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
(This does	not mean the mode o	rH f dying, e. g		emat	wrety	all life
	re, asthenia, etc. It mea complication which c				0	
	ANTECEDENT CAUS	ES		1/20		
	OR CONDITIONS, IN			/	***************************************	
	ING CONDITION LA		(C)			
	П					
TRIBUTING	IGNIFICANT CONDI	NOT RELATE	D			
	F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
<u> </u>	7	1 212 81	CE OF INTURY (!	n or 21c. WHERE DI	D. (If in Rollimore f	Oity, give exact location)
	ENT WAS UNDER . R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			only, give exact location,
210. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR		INJURY OCCUR?	
		m.	WORK AT WORK		aug. 1 st	
deceased a	y certify that I att			7 , 19.5		195], that I last saw the on the date stated above.
23A. SIGNA	TURE	, 132		23B. ADDRESS	11 M	23c. DATE SIGNED
24A BURIAN	CREMA- 24B. DATE	,	M. D. 24C. NAME OF CEMETE	EX OR CREMATORY	24D. LOCATION (City.)	jówn, or county) (State)
TION, REMOVAL (S	pecify, aus ?	1953	The said	cal Contain	Balli	more In
DATE RECEIVE LOCAL REGIST		S SIGNATU	JRE "	25. FUNERAL DIR	CTOR PROPERTY	Land Me
VS 150		9 1		1 103 4	Ball	nord mil
13 130					Terfeld	ande

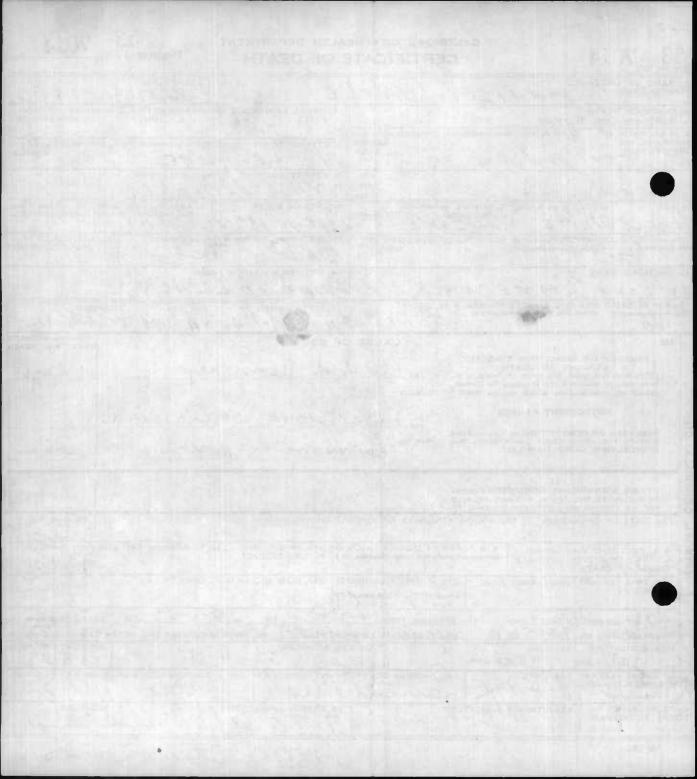


MARGIN RESERVED FOR BINDING

	ype or Print) MARY JANE	SPICER		DE	OF 7/31/	53
A.	PLACE OF DEATH: Baltimore City, Maryland		A. USUAL RESID		. COUNTY	stitution : residence before admiss
HC	FULL NAME OF (If not in hospital or institutionspiral or University)	on, give street address or location)	C. CITY OR TOW	N (If outside		write RURAL and towns
c.	Length of stay in Baltimore	Yrs. Mos. Days	300 2		ve location)	5200
5.		MARRIED.	8. DATE OF BIR		E (in years H U t birthday) Mont	nder 1 Year if Under 24 ths Days Hours I
work	A. USUAL OCCUPATION (Givekind of the done during most of working life, even if retired) Slerk B. & O. R.R.	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign co	ountry) 1	2. CITIZEN OF WHAT COUNT
_	Coleb Sprice		14. MOTHER'S M	AIDEN NAME	~	
(Ye	s. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Emma	Felber 30	002 Taŷî	or Ave-1
	18. 420.1	CAUSE C	OF DEATH			INTERVAL BETW
	DISEASE OR CONDITION DIRECTLY	Pl		ale		10 his
	(This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the diseas	e,	ð		****************	
	injury or complication which caused death	DUE TO	- · ·	de 0.0		
Z	ANTECEDENT CAUSES	(B)	nhe Ka	I fach	-	2 425
CATIO	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.		eardine i	fastion		2 m/s
IFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO		#: C-	V duis	- 0	
RT			ERATION	IF OPERATION W		20. AUTOPSY
Li		TION FOR WHICH OP	LIKATION			
CAL CERT	19a. DATE OF OPERATION 19B. CONDI WAS PERFO	RMED		PART I OR PAR	T II T	YES NO
DICAL CE	19a. DATE OF OPERATION 19a. CONDI WAS PERFO 21a. ACCIDENT WAS UNDERLYING 21b		e. g., in or 21c. WH	PART I OR PAR	T II T	YES NO
Li	19a. DATE OF OPERATION 19a. CONDI WAS PERFO 21a. ACCIDENT WAS UNDERLYING 21b about DEATH (NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour)	RMED PLACE OF INJURY (e nome, farm, factory, street, office because it is a common of the common of	ED 21F. HOV	PART I OR PAR	T II Saltimore City, g	
DICAL CE	19a. DATE OF OPERATION 19a. CONDI WAS PERFO 21a. ACCIDENT WAS UNDERLYING 21b about DEATH (NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) m.	PLACE OF INJURY (eacome, farm, factory, street, office between the common terms of the	ED 21F. HOV	PART I OR PARE RE DID (If in EDCCUR?	T II Saltimore City, g	that I last sau
DICAL CE	19a. DATE OF OPERATION 19a. CONDI WAS PERFO 21a. ACCIDENT WAS UNDERLYING 21b about DEATH (NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended the deceased alive on 7/31 , 1953,	PLACE OF INJURY (eaome, farm, factory, street, office because of from and that death occur	e.g., in or 21c. WH INJURY ED 21f. HOV	PART I OR PARE THE DID (If in EDCCUR?	T II Saltimore City, g	that I last sau
DICAL CE	19a. DATE OF OPERATION 19a. CONDI WAS PERFO 21a. ACCIDENT WAS UNDERLYING 21b about DEATH (NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) m.	PLACE OF INJURY (eaome, farm, factory, street, office because of from and that death occur	ED 21F. HOV	PART I OR PARERE DID (If in ECCUR? DID INJURY CO., from the cau	Saltimore City, 8 CCUR? 1 , 1953, ses and on the	that I last saw e date stated at 23C.DATE SIG
HEDICAL CE	19a. DATE OF OPERATION 19a. CONDI WAS PERFO 21a. ACCIDENT WAS UNDERLYING 21b about 21b. CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21b. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased alive on 193	PLACE OF INJURY (e. 10me, farm, factory, street, office between farm,	215. HOVE 216. WH INJURY 216. HOVE 217. HOVE 218. ADDRESS	PART I OR PARE RE DID (If in EDCCUR? DID INJURY CO., from the cau	Saltimore City, 8 CCCUR? 1, 1953, ses and on the	that I last saw e date stated at 23C.DATE SIG
MEDICAL CE	19a. DATE OF OPERATION 19a. CONDI WAS PERFO 21a. ACCIDENT WAS UNDERLYING 21b about DEATH (NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended the deceased alive on 2/31 , 1953, 23a. SIGNATURE 1953, 1953	PLACE OF INJURY (enome, farm, factory, street, office between farm, fa	215. HOVE 216. WH INJURY 216. HOVE 217. HOVE 218. ADDRESS	PART I OR PARE RE DID (If in EDCCUR? DID INJURY CO., from the cau Y 24D. LOCATIO Baltimo	Saltimore City, 8 CCCUR? 1, 1953, ses and on the ON (City, town, come Md.	that I last sare date stated at 23C.DATE SIG



0	-640						
5; BIR	3 7014				EALTH DEPARTMENT E OF DEATH	53 Registered No.	7014
1. N	AME OF DECEAS e or Print)	PANN	IE	V. CARL	E	2. DATE OF AUG	1-1953
A. B	LACE OF DEATH: altimore City, N	Iaryland			4. USUAL RESIDENCE (stitution: residence before admission)
HOS	JLL NAME OF PITAL OR TITUTION	(If not in hospite	or instituti	on, give street address or location)		f outside corporate limits	write RURAL and give to unship)
0	ועע	p. pti	P/C/)	ER O' Yrs.		10/E frural, give location)	7
c. I.	gth of stay in	Baltimore	7 61161 5	Mos. Days	BODATE OF BIRTH	PICKER	der I Vers 16 Herber 24 Herman
JE,	MA LE Wh	I FE		MARRIED, ED, DIVORCED (Specify)	SEPT-11, 1872	9. AGE (In year) I Un last bir (Iday) Mont	hs Days Hours Min.
IOA.	USUAL OCCUPAT	TON (Give kind of life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY		foreign country) 13	2. CITIZEN OF WHAT COUNTRY?
IN	thony	3imm	ERN	ack	ANNA POL	LACK	
15. (Yes, 1	WAS DECEASED EYER			16. SOCIAL NECURITY NO.	17. INFORMANT BOW	No hed TO	DRESS
1	8. 443X				OF DEATH	NA THE	INTERVAL BETWEEN ONSET AND DEATH
		CONDITION I	H	an	had Hemorr	hane	4 dem
	heart failure, asth- injury or compli-	enia, etc. It mean	ns the disease			3	
	ANTEC	EDENT CAUS	ES	Hupo	rtansive ar	terio selevati	
TION	DISEASES OR C	VE CAUSE (A)	STATING TH	G DUE TO	rtonsive, gr		
ICAT	UNDERLYING C	ONDITION LA	5T.	(c) eur	mo visenom on	recou	unkm
ERTIFI	OTHER SIGNIFI						
0	TO THE DISEASE	OR CONDITION	CAUSING IT		RATION	78.	20. AUTOPSY?
DICAL		0	I ata Bi A	CE OF IN HIBY (in or 21c. WHERE DID	(If in Baltimore City, giv	YES NO NO
	21a. ACCIDENT W LYING∏ OR CON' CAUSE OF DEATH	TRIBUTING	about home, fa	CE OF INJURY (e. g., arm, factory, street, office bldg.,		(ii iii bailimote Otoj, 811	e exact location,
	TIME (Month)	(Day) (Year)		HILE AT NOT WHILE		RY OCCUR?	
	22. I hereby cert	ifu that I att	m.	WORK AT WORK		2-1-53,19	that I last saw the
	deccased alive on			and that death occu	rred at SP. m., from	the causes and on the	date stated above.
	Northan	n Ra	cusin		206 S. Gilmon	54	S. 3 33
2/da	BURIAL, CREMA- REMOVAL (Specify)	8. 4-1	193	AC. NAME OF CEMETE	PAREMATORY 24D.	CATION (City, town, or	county) (State)
DAT	E RECEIVED BY	REGISTRAR'		Reflection of	2 FUNERAL DIRECTOR	B. M. Wa	ADDRESS
41	Vs 150	11111111	0	73000310	Da- VI	2-1 . 1	OX
					Cray (musor	90



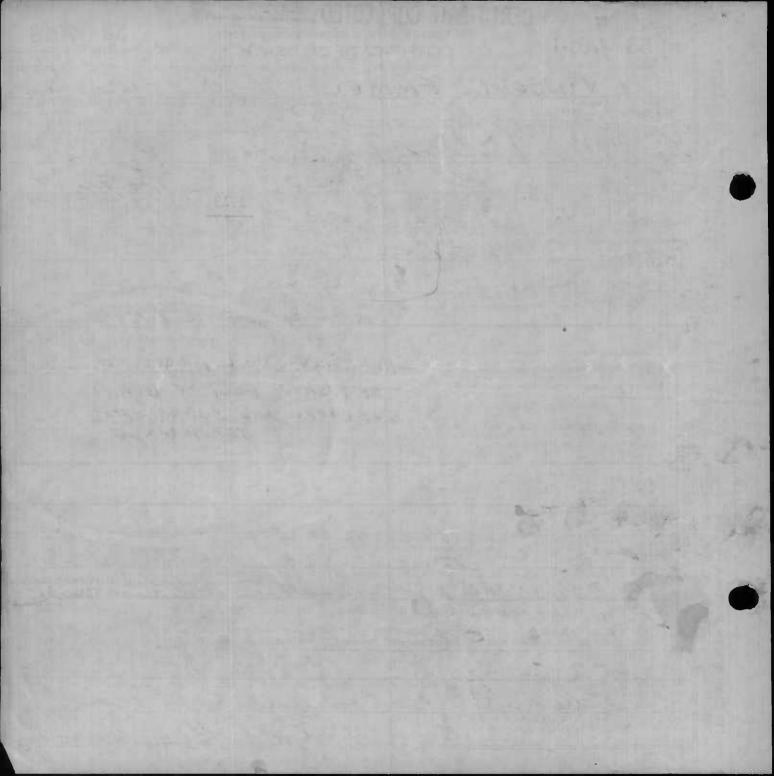
23-346

BALTIMORE CITY HEALTH DEPARTMENT

53 7015

	H NO.	CJ.O		CERTIFICAT	E OF DEAT	H	Registere	d No	
	AME OF D	ECEASED				2. D	ATE		
(Туре	or Print)	GEORGE W. E	בים זחתוז	Also BOTHO	TEVET		OF	Assessed .	1 7052
3. PL	ACE OF D		ODOLILII	ALSO DOTTE	4. USUAL RESIDE		EATH cceased lived.	August .	residence
		City, Maryland	-1 - 1 - 11 - 11		A. STATE		B. COUNTY	bef	ore admission)
HOS	PITAL OR	VA HOSF		ion, give street address or location)			corporate k	mits write RU	RAL and give
INST	ITUTION	BALTIMOR			BALTIMOR			Jan () (township)
		LALLI LITOR	E LO III	Yrs.	D. STREET ADDRE		ive location)	6 9/	-
c 10	arth of s	tav in Baltimore		More		FULTON AV			
5. SE		6.COLOR OR RACE		68 Pays	8. DATE OF BIRTH	9. AC	GE (In years)	If Under 1 Year	If Under 24 Hours
MA	LE	WHITE		ED, DIVORCED (Specify)	12/19/84	la	st birthday)	Months Days	Hours Min.
10A.	USUAL OC	CUPATION (Give kind of	MARI-	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign o	ountry)	12. CITIZ	EN OF
work do:	ne during most of IUCHSTE	f working life, even if retired)	FRUITS	INDUSTRY				WHA.	COUNTRY?
	ATHER'S N		PROTIE		BALTIMOR 14. MOTHER'S MA			U.S	• A. •
				IN					,
15 W		BOTHOFK D EVER IN U. S. ARMEE	FORCECS	16. SOCIAL	EICHBERG	ER			/_
(Yes, D	or nuknown)	(Il yes, give war or date	of service)	SECURITY NO.	17. INFORMANT			ADDRESS	V
YE	S	9/9/18 -1/6/	19	Unknown	VA HOSPITAL	RECORDS	VAH BAI		
18	000				OF DEATH	47077 TO TT 1 CO			AND DEATH
		E OR CONDITION LEADING TO DEAT	TH	771.6	LOSIS PULMON	ARY BILAT	ERAL		
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e. g	(A)	R ADVANCED	••••••	•••••	20) yrs
	injury or	complication which c	aused death	.) DUE TO					
		ANTECEDENT CAUS	ES						
Z	DISEASES	OR CONDITIONS, II	E ANY CIVIN	(8)		***************************************		••••••	************************
Ĭ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH					A 6 5	
CERTIFICATION	UNDERLI	ING CONDITION LA	51.	(C)			***************************************		1
H -		11							
RT		II IGNIFICANT CONDI						6.4	
8		TO THE DEATH, BUT		PULM	ONARY EMPHYS	EMA		III.	MKNOWN
1.9	A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		E3 111	20.	AUTOPSY?
<u> </u>	NONE							YES	No L
	YING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			altimore Cit	y, give exact	location)
2	O. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCC	UR?		
	MJORT	77.7	m.	WHILE AT NOT WHILE					
2	2 I hereb	y eertify that/I att			1 . 1	, to 8/1/53	10	, datad	erort roman rt dra
				and that death occur					
	JA. SIGNAT		-		23B. ADDRESS	11 one one can	oco ana on		TE SIGNED
	DRIVER	RIMSTROWN	July	M. D.	VAH BALTIMO	RE 18 MD.		8/1/	53
	BURIAL, C		/ 2	C. NAME OF CEMETE	RY OR CREMATORY	240 LOCATI	ON (City, to	wn, or county)	(State)
3	REMOVAL (S	P //111.	4/5-3	Kauds	nOch.	1900	Fine.	era.	Rel
	RECEIVE		SIGNATU	RE	25. FUNERAL DIR	ECTOR		ADDRES	s
	AL REGIST	KAR	- 57	13 0 M.S.	720 17/	With	P. 111A	16day	nelson
	VS 150	7		15.	1 A May 1	- Company	410		0
	13 130	0		430	6A				aue

The state of the state of the

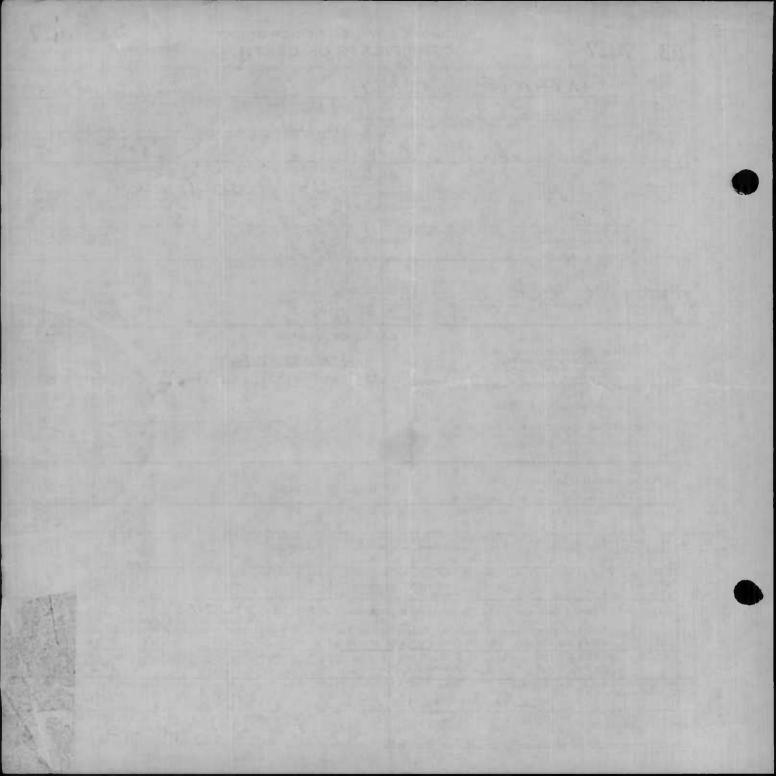


V S 151

MARGIN RESERVED FOR BINDING

The

U_	BALTIMORE CITY HEALTH DEPARTMENT	53 7017
	53 CERTIFICATE OF DEATH Registe	4 40 701 4
(Type or Print) MINNIE SMITH 2. DATE OF DEATH	un istines
	B. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased liver and the state of the	
8	B. COUNTY B. COUNTY A. STATE B. COUNTY B. COUN	before admission)
11	HOSPITAL OR NATITUTION (If outside corporat	e limits write RURAL and give township)
: -	Johnstophens Kospt. W.O. a Balto	
101	Yrs. D. STREET ADDRESS (If rural/give locati	⁽ⁿ⁾ /
3 T	SEX 6. COLOR OR RACE 7. STROLE, MARRIED, B. DATE OF BIRTH 9. AGE (In yet	
The H	Lemale White Married Oct 16 1889 Last birthda	y) Months Days Hours Min.
7 1	OA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
- I	Dousewife Mdo	WHAT COUNTRY?
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
3 7	b. WAS DECLASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	
3 0	(If yes, give war or dates of service) SECURITY NO.	ADDRESS
	18. 5 % / . O . CAUSE OF DEATH	INTERVAL BETWEEN
5	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not many the world of duing a g	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	
TION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	1
	(C)	
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON.	
ER		
1 0		20. AUTOPSY?
CAL	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore)	Oity, give exact location)
	UNDERLYING OR CONTRIB.	
ME		
	OF INJURY WHILE AT NOT WHILE MORK AT WORK	1 27 Marie 10 10 10 10 10 10 10 10 10 10 10 10 10
3	22. I certify that I took charge of the remains described above, held an AUTOPSY	thereon and from
od I	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died of	on the day stated above,
	and death in my opinion resulted from: natural causes &, accident \(\sigma\), suicide \(\sigma\), homicide	\Box , undetermined \Box .
	238. CHIEF MEDICAL EXAMINER	23c. DATE SIGNED
2	ALEST MEDICATER MANAGEMENT	
	ION DEMANAL (Specific)	
Tage H	Buriol Gray 41953 St. Mathews. OD onne	St. Est. 1



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF ANNIE ALLEN DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL INSTITUTION S location (If outside corporate limits, write RURAL and give C. CITY OR HO, GEN, HOS Yrs. (If rural, give location) D. STREET ADDRESS Mos. Length of stay in Baltimore Days 9. AGE (In years If Unday I Year Hours Ann. Min. 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 24 Hours WIDOWED, DIVORCED (Specify) RIEV 1,188 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes. no or naknown) SECURITY NO 575: INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If In Baltimore City, give exact location) ED LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! WORK AT WORK 8, 195 Sto 7-21 22. I hereby certify that I attended the deceased from , 195 that I last saw the 01950 and that death occurred at Am., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Ilmu 24A. BURIAL, CREMA-TON, REMOVAL (Specify) C. NAME OF CEM

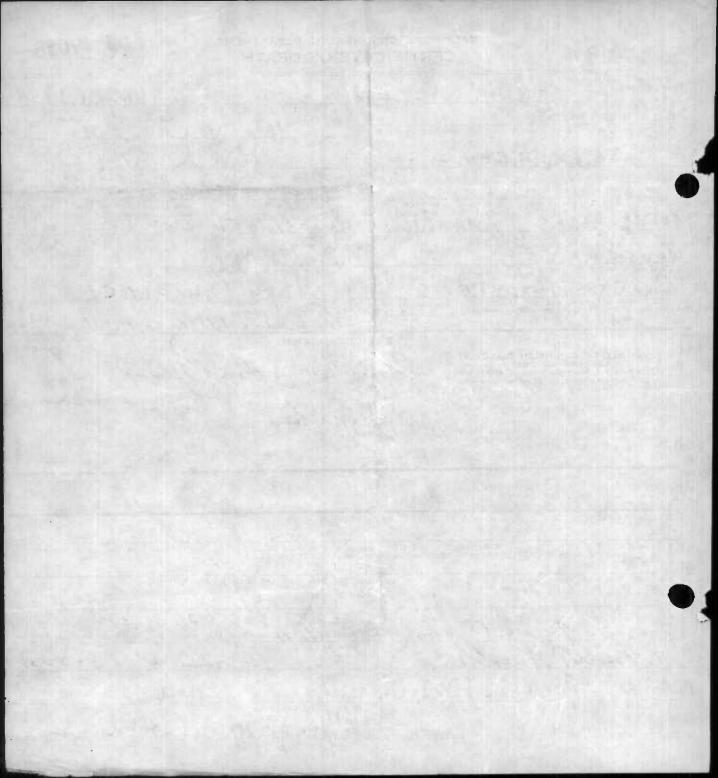
UNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY

LOCAL REGISTRAR

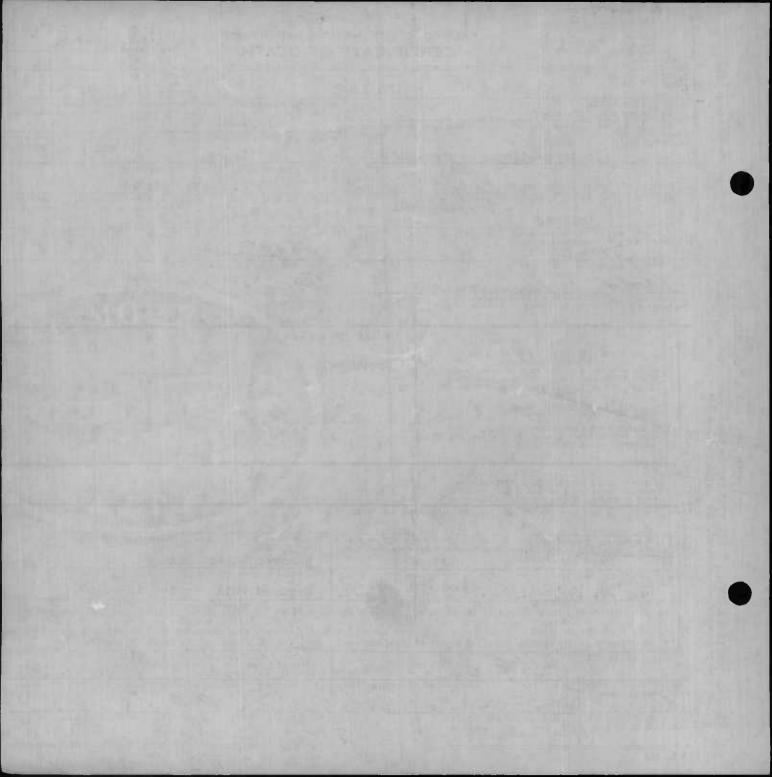
REGISTRAR'S SIGNATURE



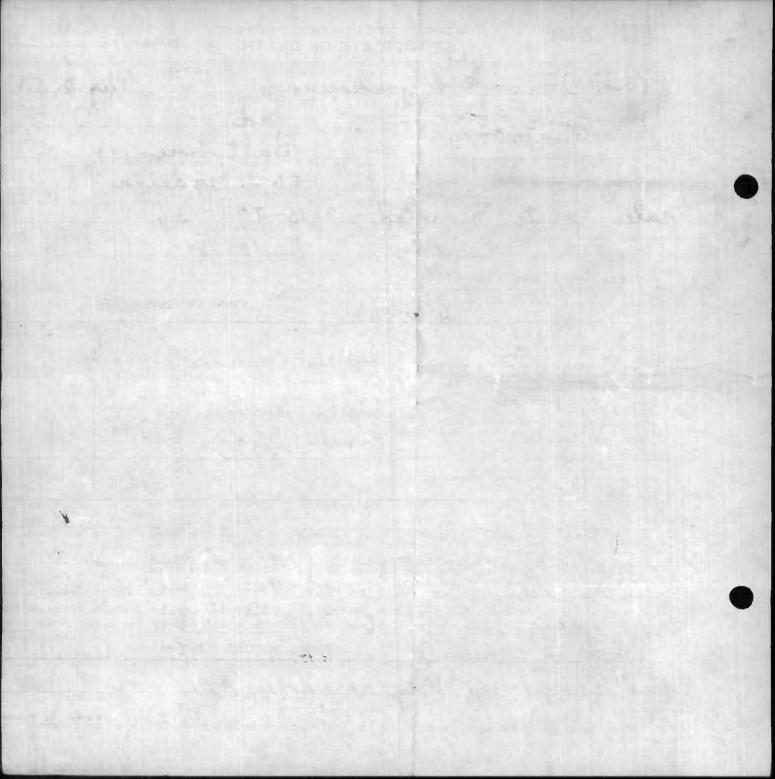
Their What France in 100 Elle 40 State In the Carte . Level Say party of the

The

	53-7520 · B		EALTH DEPARTMEN	т 53	7020
E	IRTH NO.	CERTIFICAT	E OF DEATH	Registered	NO
	NAME OF DECEASED Type or Print) THOMAS	CUMMIN	GS	2. DATE OF DEATH JU	Ly 29, 1953
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Continuous in hospital or instit	ution, give street address or	4. USUAL RESIDENCE A. STATE Marylan	(Where deceased lived, B. COUNTY	
⊦	OSPITAL OR NSTITUTION	location)		(If outside corporate lin	nits, write RURAL and gi
	South Baltimore C	Yrs.	D. STREET ADDRESS		1
0	. Length of stay in Baltimore	ess Mos. Days	4.07 E.	Heaver Street	
5	SEX 6.COLOR OR RACE 7. SING WIDO	MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	
1 wo	DA. USUAL OCCUPATION (Give kind of 10B. Kill the done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME	1	14. MOTHER'S MAIDEN	NAME .	1000
-	and Gumm	mgo	anne	Wright	
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? re, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	1'1 /22	ADDRESS
-			anne (1)	right 42/	Travel of
	18. E 9 2 9 . 8		OF DEATH		ONSET AND DEAT
	DISEASE OR CONDITION DIRECTL	Droim-	ing		
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	ease,			
	injury or complication which caused des	ith.) DUE TO			
	ANTECEDENT CAUSES	(B)			5 9 9 9 3
TION	DISEASES OR CONDITIONS, IF ANY, GIVENISE TO THE ABOVE CAUSE (A) STATING	ING	***************************************		
ATI	UNDERLYING CONDITION LAST.	(C)			
0		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
RTIFICA	OTHER SIGNIFICANT CONDITIONS C				
CEF	TO THE DISEASE OR CONDITION CAUSING	IT	ATION		20, AUTOPSY?
L	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		YES NO
N V		LACE OF INJURY (e. g., is e, farm, factory, street, office bldg., c	n or 21c. WHERE DID	(If in Baltimore City	, give exact location)
ED	UNDERLYING OR CONTRIB. about hom	Harbor	Hanover Str	eet Bridge	25.32
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR			
	July 29, 1953 1:30 P.m.	WHILE AT NOT WHILE	x Drowned whi	le trying to	swim
	22. I certify that I took charge of th	e remains described a		topsy	thereon and from
	the evidence obtained by said Au and death in my opinion resulted	topsy, Inspection or liftom: natural causes	Inquiry, find that said	deceased died on	the day stated abov
	23A. SIGNATURE RAFT		23B. CHIEF MEDICA ASSISTANT MEDICA .D. MEDICAL INVESTIG	ATOR	July 29, 1953
	4A. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City, tow	on, or county) (State
1	ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	25 FUNERAL DIRECTO	RC	ADDRESS
	OCAL REGISTRAR	The Contract of the Contract o	6 10 0 1	1 1	



-	5-522 SZYMK	OWIAK 53 7021
BI	49 (192.1.)	E OF DEATH Registered No
1.	NAME OF DECEASED TO THE STATE OF THE STATE O	2. DATE OF DEATH QUA. 2, 53
Α.	Baltimore City, Maryland Oslev 6	A. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission
H	FULL NAME OF (If not in hospital or institution, give street address or IOSPITAL OR JOHNS HOPKINS HOSPITAL location)	
C. C. C.	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
- Contraction	E. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I ves It Under 24 Hours Last birthday) Months; Days Hours Min
	OA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
5	rk dong uring most of working life, even if retired) Printing 3. FATHER'S NAME.	Balto, M. WHAT COUNTRY W.S. A. 14. MOTHER'S MAIDEN NAME
dear	John szymkowak	L
(Yo	5. MAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 212 -07-7631	JOHNS HOPKINS HOPPIA
ans: prease write the ca	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	lund bemataun & La
ERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	2 China
AL C	19a. Date of OPERATION 19a. CONDITION FOR WHICH O	PART I OR PART II
Portant	OR CONTRIBUTING CAUSE OF about home, farm factory, street, office	
M M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY 8 / 33 m. WHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?
especial	22. I hereby certify that I attended the deceased from	Ly 19, 193 to Quase, 1953 that I last saw to
18 68	9 d - 1 / A	23B. ADDRESS JOHNS HOPKINS HOSPITAL
17	M.O. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	
rec	DATE RECEIVED BY RECEITRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
ē	3 1933 A for the the suite 1800	Mm. S. Frakouski 2007 Eastern On
	VS 150	12 14 2 2

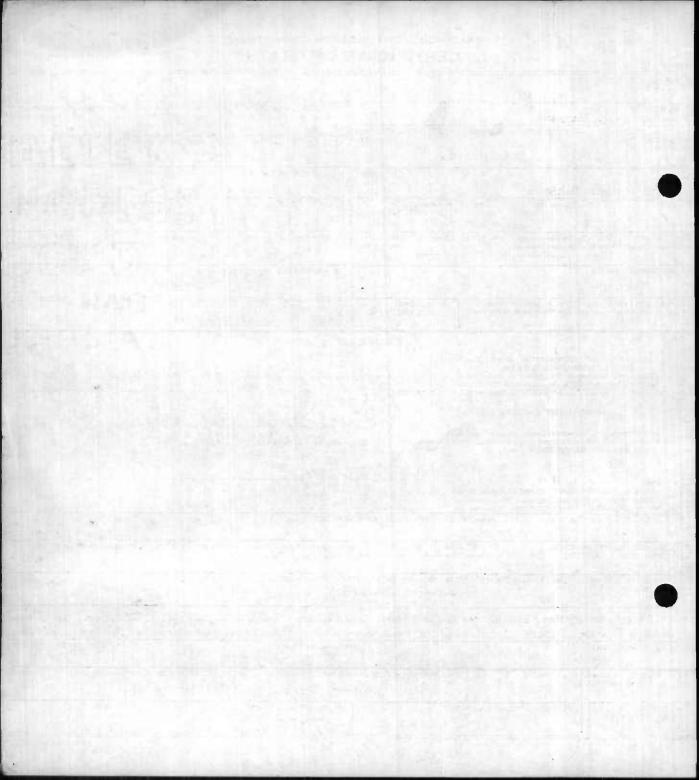


K-652 7022

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 No 7022

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2 DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institut A STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN Uf outside corporate limits, write RURAL and give INSTITUTION township) 3423 Mondaymin Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3423 Mondawmin Ave. gth of stay in Baltimore Dave 5. SEX 6. COLOR OR RACE If Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Single Mer. 3, 1873 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B, KIND OF BUSINESS OR ork done during most of working life, even if retired) WHAT COUNTRY New York N. Y. Employed Seamstress USA -----14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Veronica Henning Verner Kromeke 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Miss Teronica Kromeke Above INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE WHILE AT March 25, 1952 to Z aug, 1953, that I last saw the 22. I hereby certify that I attended the deceased from_ _, 1953, and that death occurred at 11:30 A.m., from the causes and on the date stated above. deceased alive on Z (1119 23c. DATE SIGNED 23A, SIGNATURE 23B. ADDRESS 24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY! 240. LOCATION (City, town, or county) Baltimore Md. Holy Redeemer Cem. Burial 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S-SIGNATURE LOCAL REGISTRAR



24A. BURTAL, CREMA-TION, REMOVAL (Speedy)

REMOVA L

24B. DATE

В	1 13 1160	EALTH DEPARTMENT 53 7023 E OF DEATH Registered No.				
	NAME OF DECEASED Type or Print) WILLIAM & HILLEY	2. DATE OF DEATH AUG. 2. 1953				
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission				
H	FULL NAME OF ont in hospital or institution, give street address or ospital or institution of location) STITUTION 222 5. GILMOR 5T.					
c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 222 5. GILNOR ST.				
5.	SEX G. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under 1 Year It Under 24 Hours Min. MAR. 2/. 1904 49 1 Under 24 Hours Min.				
WOL	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) Foundry Worker FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! 14. MOTHER'S MAIDEN NAME				
	L. BART HILLEY	ESIE SMITH				
Ye (Ye	(If yee, give war or dates of service) (If yee, give war or dates of service) (If yee, give war or dates of service)	17. INFORMANT ADDRESS MRS. CAROL C. HILLEY 222 S. GILNORST.				
TION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) FATTY META MORPHSIS (B) OUE TO OUE TO CHAPNIC ALCOHOLISM					
CERTIFICA	OTHER SIGNIFICANT, CONDITIONS COM	NARY EDEMA				
DICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH	n or 21c. WHERE DID (If in Baltimore City, give exact location)				
ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK					
	22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from; natural causes	hove, held an Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above, s accident [], suicide [], homicide [], undetermined [].				
	23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER				

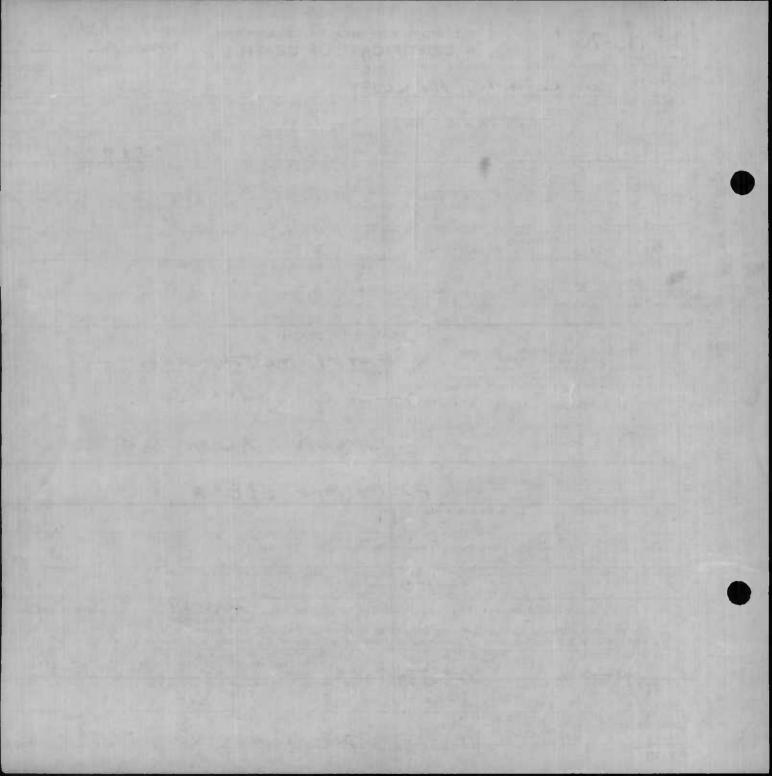
(State)

MO

DATE RECEIVED BY LOCAL REGISTRAR ADDRESS REGISTRAR'S SIGNATURE 151

24C. NAME CEMETERY OF CREMATORY

ZION MEMORIAL



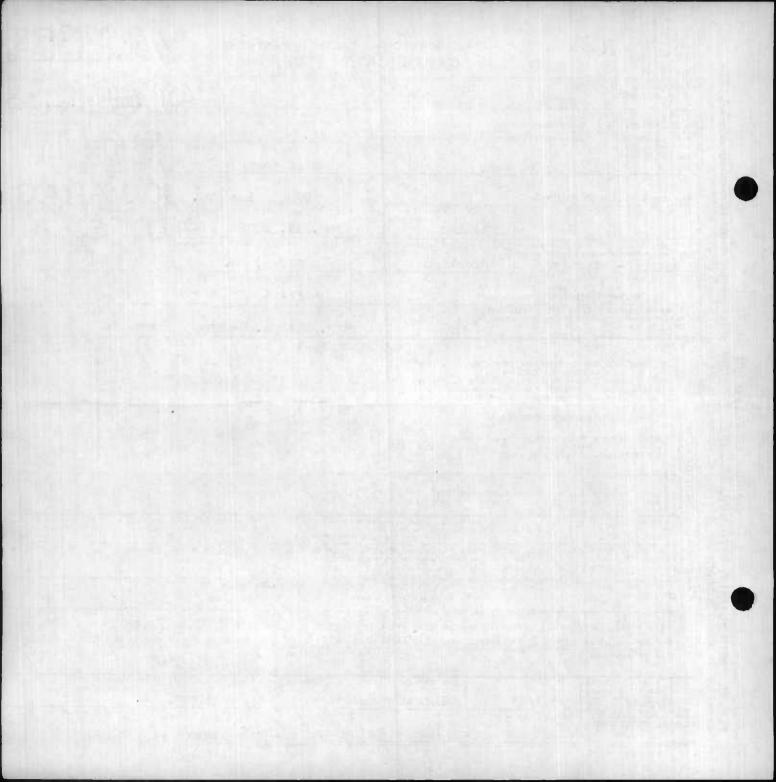
VS 150

The

t-2 53	7024
TH NO.	
AME OF	DECEASE

53 7	024
------	-----

53 70°C 8	CERTIFICATI	E OF DEATH		d No		
BIRTH NO.	CERTIFICAT	E OF DEATE	1			
1. NAME OF DECEASED (Type or Print)			2. DATE OF			
JESSE HOLMES	HAUGH SR		DEATH X	WIX Aug. 1, 1953		
A. Baltimore City, Maryland		A. STATE	NCE (Where deceased lived B, COUNTY	d. If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or insti-	tution, give street address or location)	Md.	(If outside corporate I	imits, write RURAL and give		
INSTITUTION		Baltimore	11	township)		
3020 Harlem Ave.	Yrs.		SS (If rural, give location			
Tongth of star in Poltimore	Mos.					
c. Length of stay in Baltimore 5. SEX [6. COLOR OR RACE 7. SING	Days GLE, MARRIED,	3020 Har.		It Under 1 Year If Under 24 Hours		
WIDO	OWED, DIVORCED (Specify)	Dec. 11, 18	last birthday)	Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	ection INDUSTRY	Taneytown,	Md.	USA		
13. FATHER'S NAME		14. MOTHER'S MA				
Jesse Haugh		Margaret	Ann Dubrow			
15. WAS DECEASED EVER IN U. S. ARMED FORCES	16. SOCIAL	17. INFORMANT		ADDRESS		
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Mrs. Ruth A.	Haugh Above			
ANTECEDENT CAUSES (B)						
M DISEASE OF CONDITION CAUSING IT	TO THE					
1 1 Mus 1953 0 WAS PER	FORMED A THE	24. 2 . 1 0	OPERATION WAS RELATE AUSE OF DEATH, ENTE ART I OR PART II			
U 21A. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	18. PLACE OF INJURY (out home, ferm, factory, street, office	e.g., in or 21c. WHER	E DID (If in Baltimore C	City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	OF INJURY WHILE AT NOT WHILE TO THE TOTAL THE					
22. I hereby certify that I attended t	he deceased from W	ay 19 13	' //	9 13that I last saw the		
deceased alive on ply 31, 19			from the dauses and o	on the date stated above		
23A. SIGNATURE	lly M.D.	39 H Ell	uondon 4.	23c. DATE SIGNED		
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, t	own, or county) (State)		
Burial 8/3/53	Lorraine Cem	etery	Woodlawn, Md.			
DATE RECEIVED BY REGISTRAR'S SIGNA		25. FUNERAL DIR	ECTOR	ADDRESS		
LOCAL REGISTRAR	13:00 43	Ama Calle	rec + Sons One. 1	Ballo ml		



S'-160 53 7025

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7025 Registered No.

	CERTI	ď
BIRTH NO.		

11(1)11 (10)					
NAME OF DECEAS	CAR	RIE SI	AFFER	2. DATE OF DEATH 7	131/53
. PLACE OF DEATH: Baltimore City, I	Maryland	nstitution, give street address	A. STATE	ENCE (Where deceased live). B. COUNTY	If institution : residence before admission
OSPITAL OR	(11 not in nospital of i	location, give street address		(If outside corporate lin	nits, write RURAL and give
NSTITUTION 26	02 /two	con st	1 // 11	innor 2 1	33 township
		Yr			
. Legth of stay in		Mo Da	ys 2602 /	turon St	4
Femalo 6.00		VIDOWED, DIVORCED (Spec	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
OA. USUAL OCCUPAT	TION (Givekind of 10B	. KIND OF BUSINESS OR		State or foreign country)	12. CITIZEN OF
k done during most of workin	g life, even if retired)	INDUST	Balt	timore Md.	WHAT COUNTRY
3. FATHER'S NAME	1	2 /	14. MOTHER'S MA	AIDEN NAME	
Sau	ah C	hase	Leitre	ude Ihro	mas
5. WAS DECEASED EVE	R IN U.S. ARMED FOR		17. INFORMANT	1 0	ADDRESS
		, 0200.1111.110		d Brown 1.	503W. Mulber
18. 17LX		CAUS	E OF DEATH		INTERVAL BETWEEN
DISEASE OR	CONDITION DIRE	CTLY /	~	11/200	ONSE! AND DEATH
(This does not m	ean the mode of dyin	ng, e.g., (ALIV	mong of	, weres	4415
heart failure, asth	enia, etc. It means the leation which eaused	disease,			
5. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mayvond Brown 1503W. Much					
		(B)	***************************************		
	ONDITIONS, IF ANY				
UNDERLYING O	CONDITION LAST.	(C)			
OTHER SIGNIE	II ICANT CONDITION	IS CON			
TRIBUTING TO TH	OR CONDITION CAU	RELATED			
19A. DATE OF OPE		AJOR FINDINGS OF O	PERATION		20. AUTOPSY?
	20				YES NO
21A. ACCIDENT V		B. PLACE OF INJURY (e. at home, farm, factory, street, office bl		OID (If in Baltimore City	, give exact location)
CAUSE OF DEATH	1				
215 TIME (Month	(Day) (Year) (Hou			NJURY OCCUR?	
		m. WHILE AT NOT WH		00	
22. I hereby cert	ify that I attende	d the deceased from	eff-10, 195	Qtol July 34, 19	33that I last saw th
deceased alive or		- 4	curred at 4 P. m.	., from the causes and on	the date stated above
23A. SIGNATURE	1tues	Circa M.O.	23B. ADDRESS	Biddle St	23c DATE SIGNED
4A. BURIAK, CREMA	248. DATE	24C. NAME OF CEME	TERY OR CREMATORY	240. LOCATION (Cify, tov	vn, or county) (State)
ION, REMOVAL (Specify)	8/3/5	3 mT. au	churin	Baltomo	ro md
OCAL REGISTRAR	REGISTRAR'S SIG	GNATURE	25. FUNERAL DIF	RECTOR D.	ADDRESS
	# 4 +	3 8,0 17 7	I harles	3 ch. / (nee 661	W. /S arre
		CONTRACTOR AND A	7		

- - 819t

The

R-	300
53	7026

53	7026
egistered	No

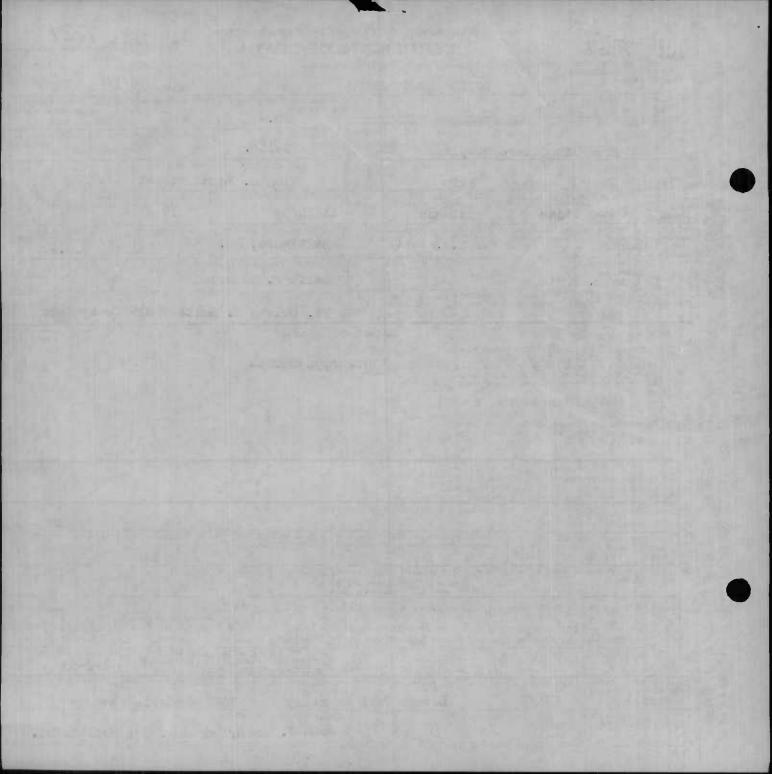
	53 70%6 BALTIMORE CITY HE CERTIFICATI	
	BIRTH NO.	
0	(Type or Print) M. May Rela	2. DATE OF OF DEATH 8/1/53
A	B. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY hefore admission)
1	a. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
1	2577 Brederick Uve	D. STREET ADDRESS (If rural, give location),
	E. Length of stay in Baltimore 77 S. SEX 16. COLOR OF RACE 17. SINGLE MARRIED	25-77 Frederick ave
1	S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years) It Under I Year A Hours I hast birthday) Months: Days Hours Min.
1	OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if paired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Urias mikesell	mary Schel
(Y	(If yes, give wer or dates of service) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	MAN dans & M. Hemis a Frederich
	7001	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	lies Failer.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Erio-Scherol: Cardio-
	ANTECEDENT CAUSES	Carola Design
		uscura 1
NO		uscova VIII.
CATION		ascura VIII.
TIFICATION		ascura ,
CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	ascura ,
AL CE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II YES NO NO NO NO NO NO NO N
L CE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	CAUSE OF DEATH, ENTER IN YES NO PART I OR FART II OR FART II YES NO PART II OR FART II O
DICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	CAUSE OF DEATH, ENTER IN YES NO PART II YES NO PART
DICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the decaysed from.	CAUSE OF DEATH, ENTER IN YES NO PART I OR PART II YES NO PART II Y
DICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the decaysed from.	CAUSE OF DEATH, ENTER IN YES NO PART II YES NO PART
DICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21 L. INJURY OCCURRE WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 11, 19 2, and that death occur	CAUSE OF DEATH, ENTER IN YES NO PART I OR PART II YES NO PART II Y
MEDICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (C) OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office) DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 11, 19 1, and that death occur 23A. SIGNATURE	CAUSE OF DEATH. ENTER IN YES NO PART I OR FART II OR FART II YES NO PART I OR FART II OR FART II YES NO PART I OR FART II OR FART II YES NO PART I OR FART II OR FART
MEDICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (about home, farm, factory, street, office) BEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21 I hereby certify that I attended the deceased from deceased alive on 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE	CAUSE OF DEATH. ENTER IN YES NO PART I OR FART II OR FART II YES NO PART I OR FART II OR FART II YES NO PART I OR FART II OR FART II YES NO PART I OR FART II OR FART
MEDICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 10 THE ABOVE CAUSE 10 M. D. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 11 OTHER SIGNIFICANT AND WHILE AT WORK 12 A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 14 A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	CAUSE OF DEATH. ENTER IN YES NO PART I OR PART II OR PART II NO PART II OR PART II NO PA

5-530

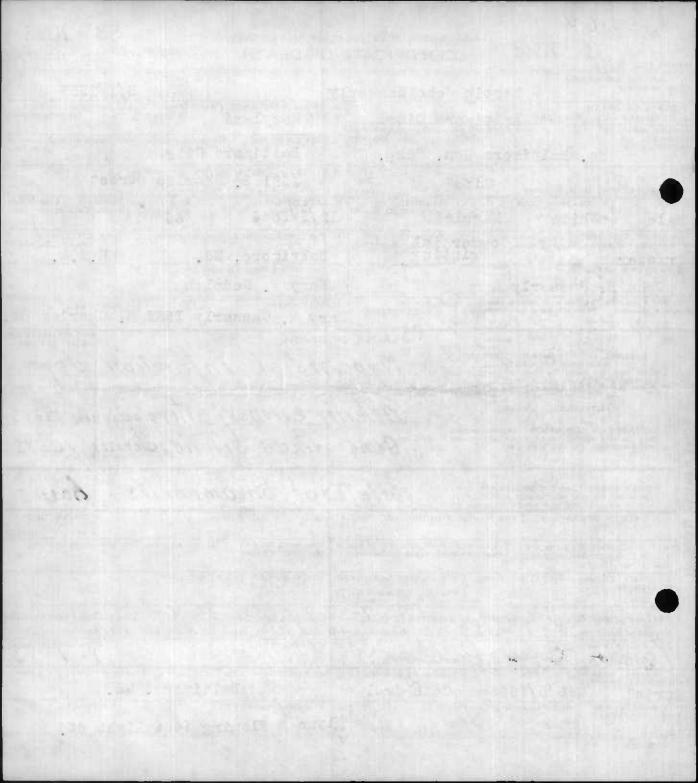
53	4 NO.70	27		CERTIF	FICATE	OF DEAT	H	Register	No.	The 4
	or Print)	ECEASED	LOUI	S LEON	SMITH				/1/53	
A. Ba	3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESID	ENCE (Where de			ion : residence before admission	
HOSP	LL NAME PITAL OR ITUTION	ranklin Squ	spital or institut		t address or location)	c. CITY OR TOWN		corporate l	imits, write	RURAL and give township
c. Le	ngth of s	tay in Baltimor	e li	fe	Yrs. Mos. Days	D. STREET ADDR	ess (If rural, gi) /	
5. SE	_	6. COLOR DR RA	WIDOV	E, MARRIED, VED, DIVORC Ingle		B. DATE OF BIRTH	1 9. AG	E (in years	Months Da	at If Under 24 House
10A. L	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) Laborer 108. KIND OF BUSINESS OR FR Consultation of the		11. BIRTHPLACE (State or foreign country) 1.2			W	TIZEN OF			
13. FA	3. FATHER'S NAME Colvin A. Smith			14. MOTHER'S MAIDEN NAME Lalia E. Angerson						
15. W/ (Yes, no	or unknown)	ED EVER IN U.S. AR (If yes, give war or	MED FORCES? dates of service)	16. SOCIA SECUR	L RITY NO.	17. INFORMANT Mr. Colvin	A. Smith	819	ADDRES	
CATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) CISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)									
(C) II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED II TO THE DISEASE OR CONDITION CAUSING IT.										
0 19	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA					ATION				D. AUTOPSY?
Z1A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						y, give exa	ct location)			
21b. TIME (Month) (Day) (Year) (Hour) 21f. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK										
22. I certify that I took charge of the remains described above, held an AUTOPSY Autopsy, Inspection or I the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died and death in my opinion resulted from: natural causes a ceident , suicide , homicid					died on	iry the day				
1(A. SIGNA	60.	alis	sole		D. MEDICAL INV		IERX	23c. DATI	53
TION, P	rial (S	8/5/	53	Loudon		emetary	3801 Fre		c Avenu	8
	RECEIVE		AR'S SIGNATU	IRE		25 FUNERAL DIR	ECTOR		ADDR	ESS

BALTIMORE CITY HEALTH DEPARTMENT

ck Avenue ADDRESS John J. Cowan and Son. 901 Hollins St.



ВІ	G- 2	53 7028		TIMORE CITY HE			Registe		7028
	NAME OF D ype or Print)		artin	John Casser	ly		DATE OF DEATH	8/1/1	953
B. HC	PLACE OF D Baltimore (FULL NAME OSPITAL OR STITUTION		4. USUAL RESIDE A. STATMATYL	NCE (Where	deceased liv	ГҮ	before admission) e RURAL and give township)		
5	noth of s	tay in Baltimore	Life	Yrs.	D. STREET ADDRESS (If rural, give location) 1531 S. Charles Street				
5. SEX 6.6		6. COLOR OR RACE White	7. SINGLE	E. MARRIED. PED DIVORCED (Specify)	8. DATE OF BIRTH 12/1/1886	9.	AGE (in yes	Months Months	Year H Under 24 Hours Days Hours Min.
F	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer 13. FATHER'S NAME				11. BIRTHPLACE (State or foreign country) Baltimore, Md. 14. MOTHER'S MAIDEN NAME				
		B. Casserly			Mary F. Rudolph				
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.					Mary R. Ca	sserly	1531	S. Ch	arles St
RTIFICATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH MYOCATAID INTERVAL BETWEEN ONSET AND DEATH (A) MYOCATAID Information on Set and Death ONSET AND DEATH								
CERTII	TRIBUTING TO THE DEATH, BUT NOT RELATED							bours	
EDICAL	21A. ACCID	DENT WAS UNDER-	21B, PL/	FINDINGS OF OPER ACE OF INJURY (e. g., larm, factory, street, office bidg.,	n or 21c. WHERE D		Baltimore (City, give e	20. AUTOPSY? YES NO xact location)
MED	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 7 - 29, 1933, to 8, 1953, that I last saw the deceased alive on 6 - 1, 19 3 and that death occurred at 2 12 m., from the causes and on the date stated above 27A, SIGNATURE 23B. ADDRESS 23C. DATE SIGNED								
	Burial	Specify) 8/5/IS	53	Cathedral	RY OR CREMATORY	Balti	more,	Md.	
D. L.	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ADDRESS Flyn & Fleming I426 Light St.								
	512-4M								

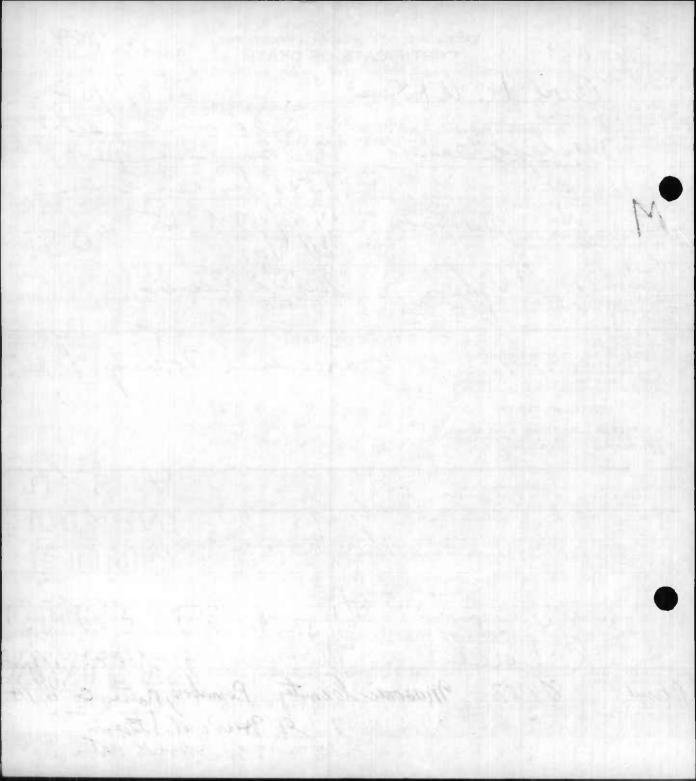


7 350 53 7029

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

CERTIFICAT	E OF DEATH Registered No.	
NAME OF DECEASED Type or Print) Warl TO a PXC	2. DATE OF DEATH	1,1,3
. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If it at A. STATE	itution: (sidence before admission)
FULL NAME OF (If not in hospital or institution, give street address or location NSTITUTION (If not in hospital or institution, give street address or location)		rite RURAL and give
gth of stay in Baltimore Yrs. Mos. Days	B. STREET ADDRESS (If rural, give location)	2
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify		ri Year Hunder 24 Hours Days Hours Min.
OA USUAL OCCUPATION (Give kind of rk dooe during most of working life, even if retired) INDUSTRY		OITIZEN OF
3. FATHER SNAME I Witten	Level Lane	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDR	RESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE (A) DUE TO	arcenoun Morey.	INTERNAL BETWEEN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS OF INJURY WHILE AT NOT WHILE		
22. I hereby certify that I attended the deceased from	19, 10, 19, 1	hat I last saw the
deceased alive on of 193 and that death occu		date stated above
4A. BURIAL, CREMA- ON, REMOVAL (Specify) ATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE	Center Pennsbaro, Retake	County) Stat
Ws 150 1000	3207 We worth 186	T.



information should be of death clearly and of very ite UNFADING Physicians: 1 WITH PLAINLY E PLE

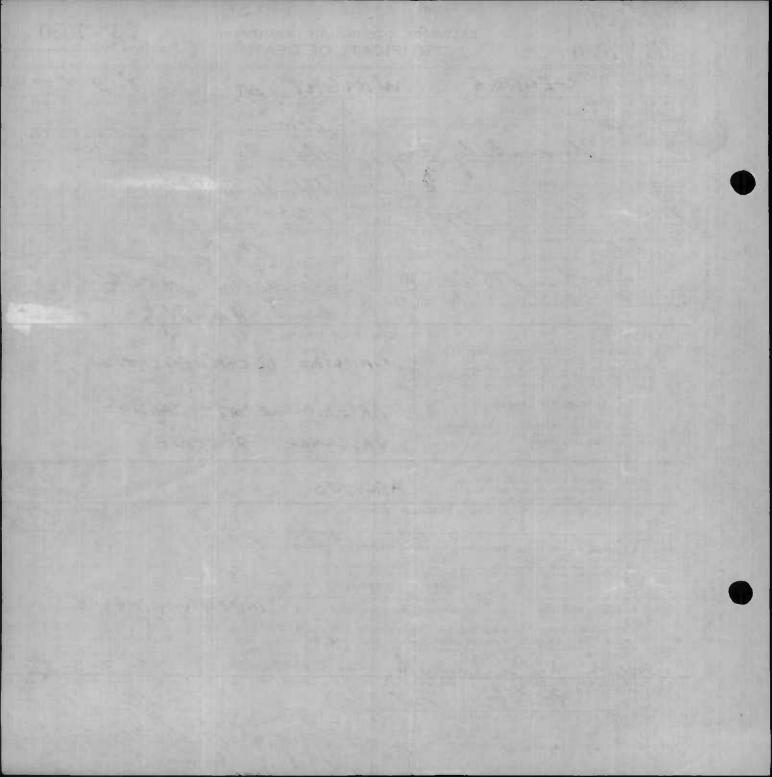
> V S 151

BINDING

FOR

MARGIN

USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) (If rural, give location) AGE (In years | ff Under 1 Year | ff Under 24 Hours last birthday) | Months: Days | Hours | Min. 12, CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH DECOMPENSATION ARTERIOSCUEROTIC CARDIO-20. AUTOPSY NO X (If in Baltimore City, give exact location) 22. I certify that I took charge of the remains described above, held an inspection of investment on and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [A accident], suicide], homicide], undetermined]. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS 25. FUNDERAL DIRECTOR SIGNATURE LOCAL REGISTRAR



The	
supplied.	
carefully	legibly.
should be	early and
nformation	of death cl
r item of in	the causes
Every	write t
G INK.	please
UNFADIN	Physicians:
WITH,	ortant.
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied.	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
E WRIT	age is es
PLEAS	correct

7031 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	UJ.L		CLIVIII ICATI	L OI DEA					
1. NAME OF D (Type or Print)		Ja Dane	- (D)			2. DATE OF	34.44		
		da bry	an (Bryon)	"	W (W	DEATH 0-	-12-19		
a. Baltimore (City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME HOSPITAL OR			tion, give street address or location)		aryland	ntaida comawata li	- it-	Dividat and sine	
INSTITUTION	Baltimore Ci		pitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
3	4940 Eastern	Ave.	Yrs.			rural, give location)		1	
- Longth of s	stay in Baltimore	21	Mos.		nover St				
5. SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIS		9. AGE (In years)			
7	W	Divo	VED, DIVORCED (Specify)	Feb. 2-1912	,			Days Hours Min.	
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		D OF BUSINESS OR INDUSTRY	11. BIRTHPLAC				ITIZEN OF WHAT COUNTRY?	
13. FATHER'S N	NAME			14. MOTHER'S MAIDEN NAME					
	Harry Pa	ster B	ryan (Bryon)	Alice					
15. WAS DECEASI (Yes, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or date)	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMAN	Baltimor	re City Hos	PPEI	5 5	
				Records:	4940 E	Sastern Ave			
18. 600.	0		CAUSE	OF DEATH				NET AND DEATH	
(This does	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
RISE TO T	ANTECEDENT CAUSES (B) Chronic Pyelonephrosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Congenital Ureteral Deformity								
In I I I I I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE O		98. COND VAS PERFO	ITION FOR WHICH OF	PERATION	CAUSE OF	TION WAS RELATED F DEATH, ENTER R PART II	R IN	O. AUTOPSY?	
OR CONTRIE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?								
210. TIME (OF INJURY	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?								
	22. I hereby certify that I attended the deceased from 7-31-53, 1953 to 8-12-, 1953, that I last saw the deceased alive on 8-12-, 1953, and that death occurred at 3.30PMn., from the causes and on the date stated above.								
23A, SIGNA		hu	A 2	238. ADDRESS		Maltimere,M	23c	-17-1953	
24A. BURIAL, CTION, REMOVAL (S	CREMA- Specify) 248. DATE		24c. NAME OF CEMETE			OCATION (City, to		inty) (State)	
DATE RECEIVE LOCAL REGIST		SIGNATI	URE	25. FUNERAL I	DIRECTOR_	- William	ADD	RESS	
VS 150		0	7	030		. Y			

(see a) micra at all the Bit of the second STATE OF THE STATE OF I will be to send to be the total A SALES AND A SALE Free C. Segments, Leaving Many of Leaf 1, 12

151

N868,4

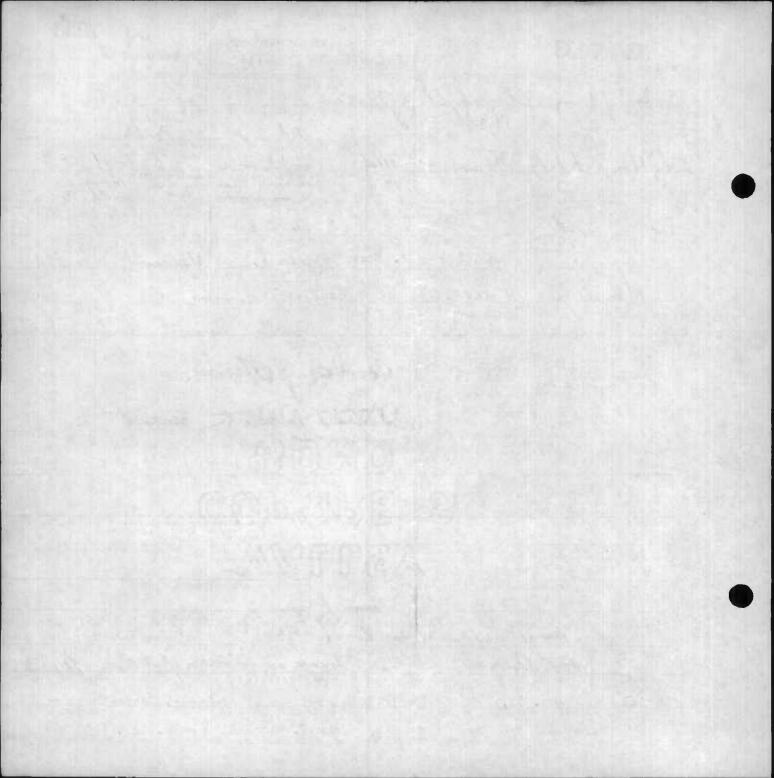
A COLLEGE BASE OF THE SECOND S THE WAY THE THE FINNE

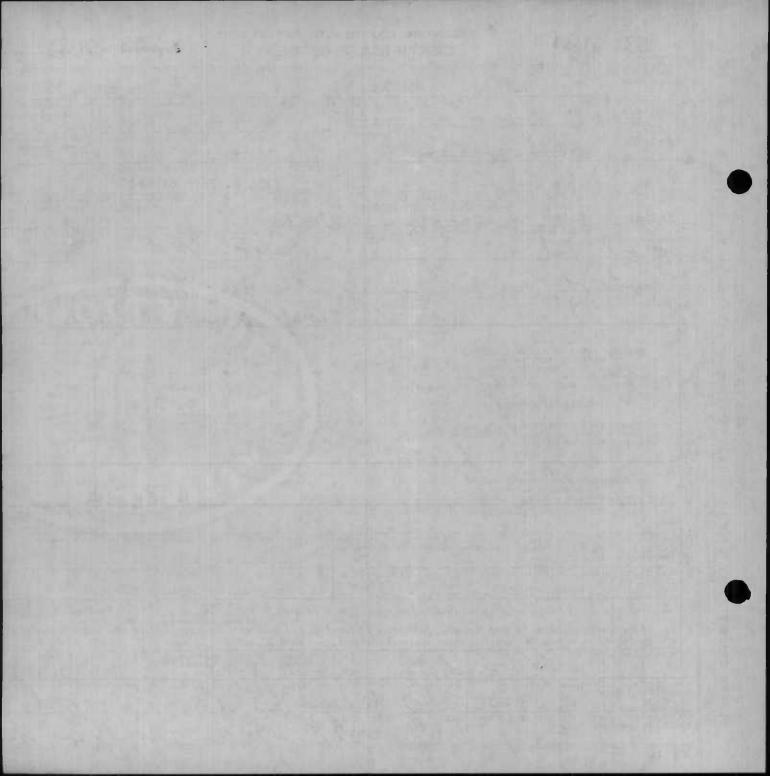
	N	VI-620	X 50 MG00				
		53 7033 BALTIMORE CITY HE					
The	ВІ	BIRTH NO. CERTIFICATE	OF DEATH				
		1. NAME OF DECEASED (Type or Print) Man Elizabeth Mor	2. DATE OF DEATH 8-1-5-3				
information should be carefully supplied of death clearly and legibly.	Α.	a. Baltimore City, Maryland Ball. Md.	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admissi				
	H	B. FULL NAME OF (If not in hospital or institution, give street address or Hospital OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and a				
	Z	The Honoilal for homen of Hid	Baltimore CA/ONSVILLE townst	iip)			
	4	Length of stay in Baltimore 7 0 Wrs.	o. STREET ADDRESS. (If rural, give location)				
	5.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 9. AGE (In years if Under 1 Year last birthday) Months: Days Hours: M				
	10	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	_			
		ork done during most of working life, even if retired) Authur of Med. Texts	montpelies Vermont 7.5.1	RY7			
	13	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
nforn of de	15	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS	_			
em of in	(Ye	Yes, no or unknown) (11 yes, give war or dates of service) SECURITY NO.	Mr. Charles & Quant Balto Life Bl	As .			
em		7000	OF DEATH	OH!			
y it			nay Throne Cosis				
Every item write the car		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO		1008888			
• 6)		ANTECEDENT CAUSES	insolvente Weart				
INK	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	east.	*****			
NG :	CAT	CHEEKETING CONTENTION CAST.					
DIN	RTIFIC						
UNFADING Physicians:	CERT	TO THE DEATH BUT NOT RELATED TO THE					
HI.	AL C	194. DATE OF OPERATION 198. CONDITION FOR WHICH OP	ERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II				
ILY, WITH important.	DIC	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office b	e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)				
LY, mpc	ME						
AINLY ally im		21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY WHILE AT WORK AT WORK	E				
PL		22. I hereby certify that I attended the deceased from	,				
TE			red at 33 sn., from the causes and on the date stated abo				
PLEASE WRITE correct age is esp		23A, SIGNATURE AV. Dugau M.O.	Hosp for Morney of Med. 23c. DATE SIGN	20			
age age	2. TI	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or county) (State	te)			
EAS		Burial Aug. 11, 1953 Wildwood Ceme					
PL		DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS John Co. Mitchell & Sons. Inc. 1900 Enter				

Burial
DATE RECEIVED BY
LOCAL REGISTRAR 1050 VS 150

Mitchell & Sons. Inc. 1900 Eutaw

Place





pe

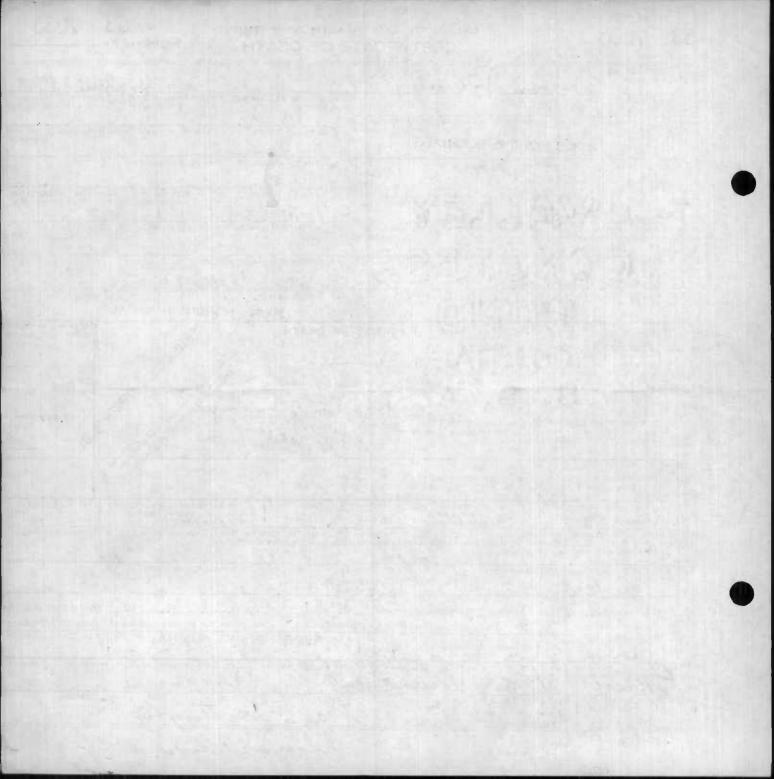
of

item

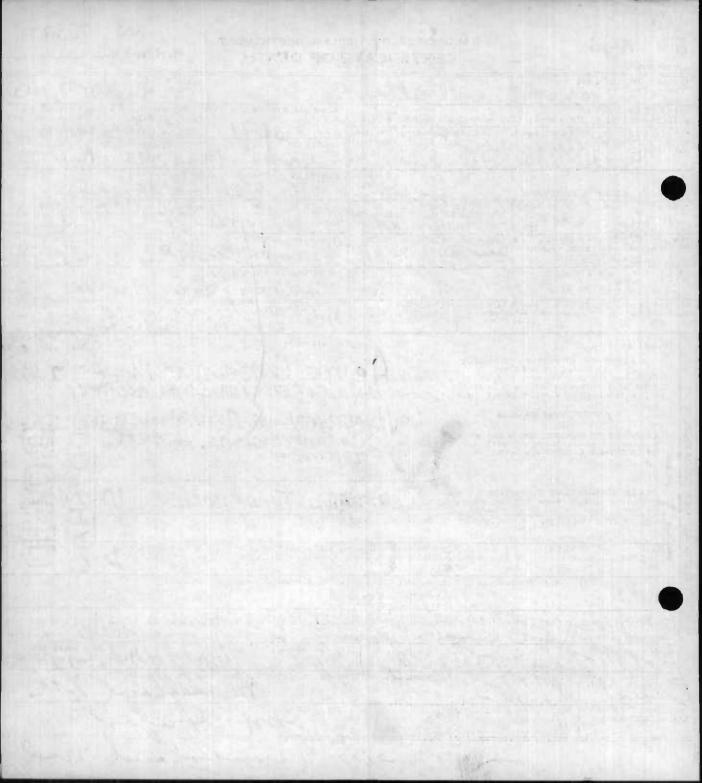
RESERVED

MARGIN

N 935.0

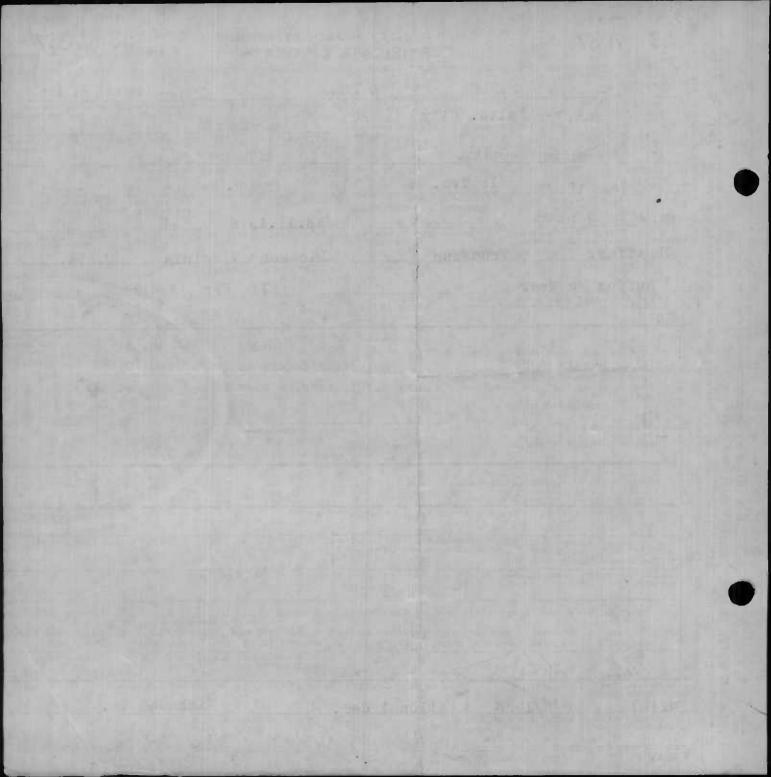


53 7036 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH MULUST 3, 1953 homas Blundell 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR THE location) (If outside corporate limits, write RURAL and give rosmital Manula D. STREET ADDRESS (If rural, give location) hgth of stay in Baltimore 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years I Under I Year last birthday) Months Days 5. SEX 6. COLOR OR RACE If Under 24 Hours Hours Min. married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY Jan Hor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL metion given by 145 310 (Yes, no or uokoowo) SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY AND CEREBROUMSCULAR ACCIDENT LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) YPERTENSIVE ARTERIOSCUEROTIC 24 ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING CARDIOVASCULAR, HEART DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DISENSE 11 OTHER SIGNIFICANT CONDITIONS CON-THROMBOSIS TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! deceased alive on August 3, 1953 and first death occurred at 2350 m. from the causes and that I last saw the WORK BURYAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



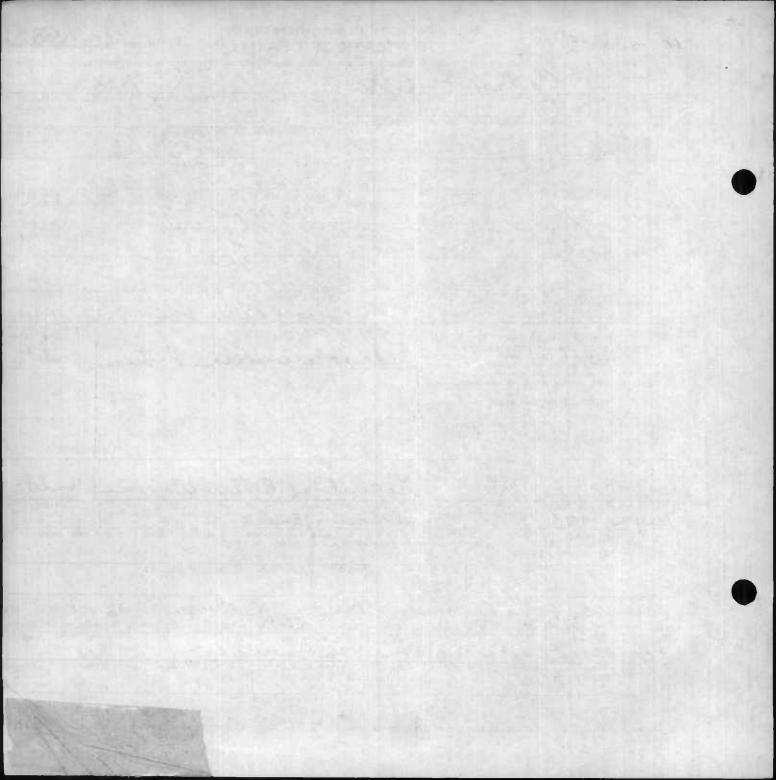
RESERVED

VS 151



The

0	TO PASQ	EALTH DEPARTMENT 53 7038
1	NAME OF DECEASED Catherine R. Ris	atou 2. DATE 8/1/53
1	B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission
1	HOSPITAL OR NOTITUTION 3609 Belle Avz	
Corporation	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 3609 Belle Que
Sun S	S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. Temple White Mannied	8. DATE OF BIRTH 9. AGE (In years Munde) Nonths Days Hours Min
1 40	OA. USUAL OCCUPATION (Give kind of ork done during most of working life even if retired) Our Youse we feet the control of the	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME GALLES	(Yuknowy) Camh
1 (1	(5. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
STELOPING THE CATEGORY	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	rocarenona Rectum Undet.
CER		DEFER THON DEPARTMENT OF 20. AUTOPSY?
FDICAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	Co. g., in of 21c. WHERE DID (If in Baltimore City, give exact location) cebldg., etc. INJURY OCCUR?
NA MA	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURF OF INJURY WHILE AT NOT WH WORK NOT WH AT WO	IILE[7]
especia	22. I hereby certify that I attended the deceased from Meecased alive on 1953, and that death occur	verred at 4:50 Pm., from the causes and on the date stated abov
0	a Brodley Laugherthy Mo. D.	23B. ADDRESS 1263 Francis Are. ERY ON GREMATORY 24D. LOCATION (City, town, or county) (State
1 1	Burial 8/4/53 Oak &	awn Bulto. Md.
correct	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
	VS 150 W3 9	

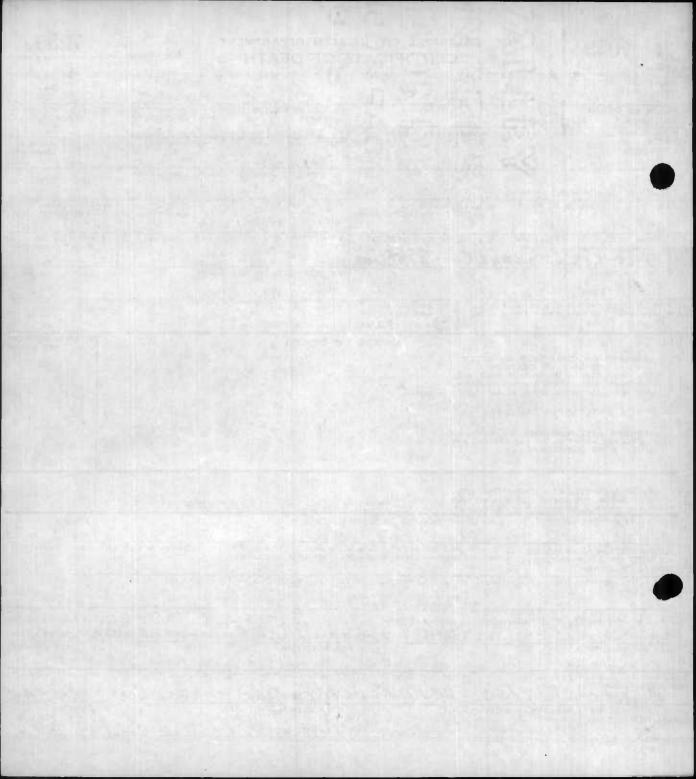


53 7039

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7039

BIE	RTH NO.		C	ERTIFICATI	E OF DEATH	Registe	110,	
(T)	NAME OF I	Frederick	Rober	t Smart		2. DATE OF DEATH	8-2	-s^3
	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE (Where deceased li B. COUN		tution : residence before admission)
HO	SPITAL OR	OF (If not in hospit	al or institution	n, give street address or location)		If outside corporat	te limits, wr	ite RURAL and give
1		Union Mes	morial	Hosp.	Balto.		13	-O Township)
		stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give locati	iơn)	
5.	SEX M	6. COLOR OR RACE	7. SINGLE, WIDOWE	MARRIED. D. DIVORCED (Specify)	NOV 13 1872		ars If Under (y) Months	Days Hours Min.
10/	. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND (OF BUSINESS OR	11 BIRTHPI ACE (State or		12.	CITIZEN OF
KE.	7. Vice	-MES. J.C.BUD	PING CO	- SUPPLIES	New York			WHAT COUNTRY?
13.	FATHER'S	1 1 0	len .		14. MOTHER'S MAIDEN I	NAME		
15			2 r 7		Emma "	Seamas	n_	
(Yes	no or unknown	ED EVER IN U. S. ARME! (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	-+	ADDR	
	18. 55			73-03-9240	Mrs Fred. Im	ayl	Sa	INTERVAL BETWEEN
	90	SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH			ONSET AND DEATH
		LEADING TO DEAT	TH	11	1170	4		
			f dving e g	in Mus	cardial the	DYC. IDW		
	heart fail:	s not mean the mode of ure, asthenia, etc. It mea complication which of	of dying, e.g., ns the disease.	(A)	cardial Inf	arc lon		***************************************
ICATION	heart failt injury or DISEASE RISE TO	ure, asthenia, etc. It mea	of dying, e.g., ins the disease, caused death.) SES F ANY, GIVING STATING THE	DUE TO	valize y Covos	axcion naxy Ari	tes wscles	DS:3
FICATI	heart failt injury or DISEASE RISE TO UNDERL	ure, asthenia, etc. It means to complication which complication which complication which complications are complicated with the complication of th	of dying, e.g., charthe disease, caused death.) SES FANY, GIVING STATING THE	(B) PLANE	valize y Covos	arcion nary Ari	ternselen	% :5
ERTIFICATI	DISEASE RISE TO UNDERL OTHER STRIBUTION	ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI G TO THE DEATH, BUT	of dying, e.g., c. aused death.) SES FANY, GIVING STATING THE ST. TIONS CONNOT RELATED	(B) PLANE	valize y Covos	arcion nary Ari	tes weeler	75: 5
L CERTIFICATI	DISEASE RISE TO UNDERL OTHER S TRIBUTIN TO THE E	ure, asthenia, etc. It men complication which complication which complication which complications, in the above cause (a) YING CONDITION LABORATION LABORATION CONDITION CONDITI	of dying, e.g., chans the disease, caused death.) SES FANY, GIVING STATING THE STATING THE ST. TIONS CONNOT RELATED CAUSING IT.	(B) PLANE	ated App	arcion nary Ari	tes wscles	20. AUTOPSY?
ERTIFICATI	DISEASE RISE TO UNDERL OTHER STRIBUTION TO THE E 19A. DATE (LYING) O	LICE ASTRONAGE COMPLICATION COMPLEX COMPLICATION WHICH COMPLEX	of dying, e.g., ins the disease, aused death.) SES F ANY, GIVING STATING THE ST. TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC	DUE TO (B) Perfor	ated App	arc low	City, give	YES NO
DICAL CERTIFICATI	DISEASE RISE TO UNDERL OTHER STRIBUTIN TO THE E 19A. DATE (LYING OCAUSE OF TIME	LICE ASTRONAGE COMPLICATION COMPLEX COMPLICATION WHICH COMPLEX	rions con- NOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about bome, farr	DUE TO (B) PENE (C) PERFORM FINDINGS OF OPER FOR A + e d E OF INJURY (e.g., in	ated App Aation Appendix appendix now Mc. WHERE DID INJURY OCCUR?	end/10	City, give	YES NO
DICAL CERTIFICATI	DISEASE RISE TO UNDERL OTHER STRIBUTIN. TO THE E 19A. DATE O LYING O CAUSE OF	LICE ASTRONAL COMPLICATION COMP	of dying, e.g., laused death.) SES FANY, GIVING STATING THE ST. TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about bome, fari	DUE TO (B) FLAC DUE TO (C) FINDINGS OF OPER OVA + e d E OF INJURY (e. g., in m, factory, street, office bidg., decored)	ated App ATION Appendix BOOK MERE DID INJURY OCCUR? ED 21F. HOW DID INJURY	end/10	City, give	YES NO
DICAL CERTIFICATI	DISEASE RISE TO UNDERL OTHER STRIBUTION TO THE E 19A. DATE O LYING O CAUSE OF TIME NJURY	LICE ASTRONAL COMPLICATION COMP	of dying, e.g., laused death.) SES FANY, GIVING STATING THE ST. TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about bome, far. (Hour) 21 WH.	DUE TO (B) PERMON (C) PERMON FINDINGS OF OPER OVA + e d E OF INJURY (e.g., in m, factory, atreet, office bidg., d IE. INJURY OCCURRI III.E AT NOT WHILE AT WORK	ated App ATION Appendix BOOK MERE DID INJURY OCCUR? ED 21F. HOW DID INJURY	(If in Baltimore		YES NO Rexact location)
DICAL CERTIFICATI	DISEASE RISE TO UNDERL OTHER STRIBUTING TO THE E 19A. DATE OF TIME NUMBER LYING CAUSE OF TIME NUMBER 22. I hered deceased at	ANTECEDENT CAUSE S OR CONDITIONS, INTEL ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year) Or certify that I attle	of dying, e.g., laused death.) SES FANY, GIVING STATING THE ST. TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about bome, farm (Hour) 21 m. whended the death.)	DUE TO (B) PROME DUE TO (C) PROME FINDINGS OF OPER OVA + e d E OF INJURY (e.g., in M, factory, street, office bidg., e IE. INJURY OCCURRI WORK NOT WHILE AT WORK eccased from S and that death occur	ated Appration appendix and Appration appendix appendix injury occur? ED 21F. HOW DID INJUR - 1,1953 to— red at 735/Pm., from	(If in Baltimore RY OCCUR?	, 1953, th	exact location) at I last saw the ate stated above.
DICAL CERTIFICATI	DISEASE RISE TO UNDERL OTHER STRIBUTION TO THE E 19A. DATE (LYING OCAUSE OF TIME NURY) 22. I hered	ANTECEDENT CAUSE S OR CONDITIONS, INTEL ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year) Or certify that I attle	of dying, e.g., laused death.) SES FANY, GIVING STATING THE ST. TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about bome, farm (Hour) 21 m. whended the death.)	DUE TO (B) PERME DUE TO (C) FINDINGS OF OPER FOR A + e d FOR THE OF INJURY (c. g., is minimum, street, office bidge, etc.) FINDINGS OF OPER FOR A + e d FOR A + e d	ated Appration appendix appendix appendix appendix appendix appendix ED 21F. HOW DID INJUF 1953 to	(If in Baltimore RY OCCUR?	, 1953, th	YES NO Rexact location) at I last saw the
MEDICAL CERTIFICATI	DISEASE RISE TO UNDERL OTHER STRIBUTING TO THE E 19A. DATE OF TIME NUMBER LYING CAUSE OF TIME NUMBER 22. I hered deceased at	LICE ASTRONAGE COMPLICATION COMPLICATION CANTECEDENT CAUSE (A) SOR CONDITIONS, INTERPREDICTION CANTELLIS CONDITION LA INTERPREDICTION CONDITION CANTELLIS CONDITION CANTELLIS CONTRIBUTING CONTRIBUTION	TIONS CONNOT RELATED CAUSING IT. 21B. PLAC about bome, farm (Hour) 21 (Hour) 21 (Hour) 21 and	DUE TO (B) PROME DUE TO (C) PROME FINDINGS OF OPER OVA + e d E OF INJURY (e.g., ii m, factory, street, office bidg., etc. IE. INJURY OCCURRING III. NOT WHILE AT WORK eccased from S nd that death occur M. D. IC. NAME OF CEMETE	ated App AATION Appendix BOOK AC. WHERE DID INJURY OCCUR? ED 21F. HOW DID INJURY THE STATE OF THE STATE	(If in Baltimore RY OCCUR? The causes and Mal / Grant LOCATION (City	1953, the document of the docu	at I last saw the ate stated above.
MEDICAL CERTIFICATI	DISEASE RISE TO UNDERL OTHER STRIBUTIN TO THE E 19A. DATE O CAUSE OF TIME NJURY 22. I herel deceased a 23A. SIGNA A. BURIAL.	ANTECEDENT CAUSE S OR CONDITIONS, INTEL ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year) ON certify that I attlive on S-Z TURE CREMA- Specify) SPECISTRAN CREMA- SPECISTRAN CONDITION OF CONTRIBUTING ON CERTIFY THAT I ATTLIVE ON CERTIFY THAT I ATTLI	TIONS CONNOT RELATED CAUSING IT. 21B. PLAC about bome, farm (Hour) 21 (Hour) 21 (Hour) 21 and	DUE TO (B) PERMAN DUE TO (C) PERMAN FINDINGS OF OPER OVA + e d E OF INJURY (e. g., in m, factory, street, office bidg., et ILL. INJURY OCCURRI HILLE AT NOT WHILE AT WORK Ecceased from S and that death occur M. D. IC. NAME OF CEMETE OR UIO RIO O	ated Appration ated Appration appendix and Mc. WHERE DID and Mc. W	(If in Baltimore RY OCCUR? The causes and LOCATION (City KESVIL	1953, the document of the docu	at I last saw the ate stated above.



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF BABY BOY CD GAR DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. CQUNTY before admission) A. Baltimore City, Maryland ma B. FULL NAME OF (If not in hospital or institution, give street address or 10a/10 HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Sunie A SSEX Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore 23 hrs 20 min Days Westwar 7. SINGLE. MARRIED 6. COLQR OR RACE If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months Days Hours Min. 23 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None None Daltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ay YO 11 Coggy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. mothey NO VORE INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK AT WORK 19.53 to wh 30 , 19.53, that I last saw the 22. I hereby certify that I attended the deceased from. . 1955, and that death occurred at 105 Sp.m., from the causes and on the date stated above. deceased alive on_ PAC. DATE SIGNED 23B, ADDRESS 23A. SIGNATURE ruly 31/53 240 LOCATION (City, town, of county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24C. NAME OFFICE

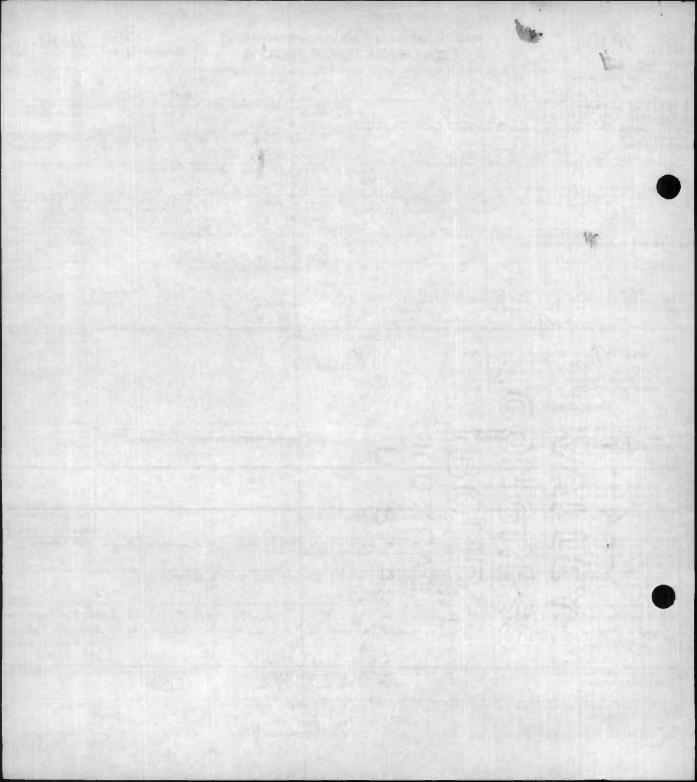
25. FUNERAL DIRECTOR

ADDRESS

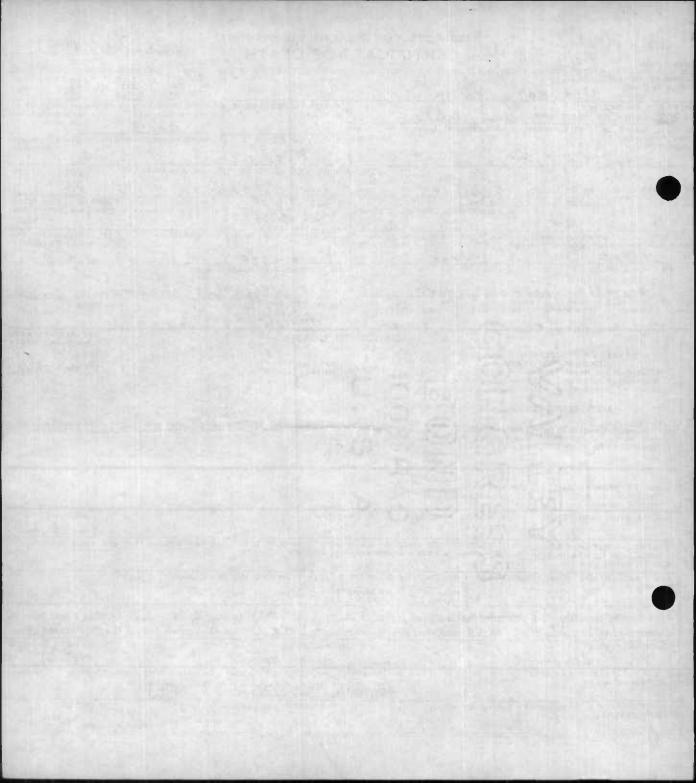
DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



- 1	2-2-60 Twin							
RI	53 7041 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 7041							
1.	NAME OF DECE		COG	AR		2. DATE OF DEATH	29/53	
	PLACE OF DEAT Baltimore City	H:	lining	Host!	4. USUAL RESIDENCE (stitution : residence before admission)	
В.	FULL NAME OF		tal or institu	tion, give street address location		BAITO f outside corporate limits,	write RURAL and give	
IN	STITUTION	La Batte	- 4		FSSEX	52	township)	
c.		in Baltimore	. 1	Yrs Mos Os 19 min Day	D. STREET ADDRESS (If	rural, give location) Way North	#21	
5.	SEX 6.0	OLOR OR RACE	7. SINGL	E, MARRIED, WED, DIVORCED (Special	B. DATE OF BIRTH	9. AGE (in years II	nder Year If Under 24 Hours ths Days Hours Min.	
	A. USUAL OCCUP			D OF BUSINESS OR	11. BIRTHPLACE (State or I	foreign country) 1	2. CITIZEN OF WHAT COUNTRY?	
13	. FATHER'S NAM	F	1	one	Baltimoxe MAIDEN	IAME	U.S. A.	
	Carrel	1 1	0	4 - 42/	Lois Jacques	l'as Barda		
	. WAS DECEASED E	VER IN U. S. ARME I yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS	
	No	No		Pone	mother4			
	18. 776X	I CONDITION	DIDECTIA		OF DEATH		ONSET AND DEATH	
	LE	ADING TO DEA mean the mode	TH		inaturity.		1 4hrs. 49 min.	
	heart failure, a	sthenia, etc. It mes plication which	ans the disea	se,				
	ANT	ECEDENT CAU	SES					
N O		CONDITIONS,						
ATI		BOVE CAUSE (A)		HE DUE TO				
FIC								
CERTIFICATION	TRIBUTING TO	II IFICANT COND THE DEATH, BUT SE OR CONDITION	NOT RELAT	ED				
	19A. DATE OF O			R FINDINGS OF OP	ERATION		20. AUTOPSY?	
EDICAL			1 218 PI	ACE OF INJURY (e. g	in or 21c, WHERE DID	(If in Baltimore City, gi	YES NO L	
MEDI	CAUSE OF DEA	NTRIBUTING	about home	, farm, factory , street, office bld	g.,etc.) INJURY OCCUR?			
	21D, TIME (Mor	th) (Day) (Year) (Hour) m.	WHILE AT NOT WHILE WORK AT WOR	LE	Y OCCUR?		
	22. I hereby ce	rtifunthat I at		e deceased from	uly 29 , 1953, to	July 29 , 1953	that I last saw the	
	deceased alive	on July 24		. //	urred at 1.35 p.m., from	1/ /	e date stated above.	
ı	23A. SIGNATOR	Scheller		M. D.	Sinai Hopitel		Jaly 3//53	
2/ TI	4A. BURIAL, CREI ON, REMOVAL (Speci	A- 24B. DATE		24c. NAME OF CEME		COCATION (City, town, o	r county) (State)	
	ATE RECEIVED B		'S SIGNAT	URE.	25. FUNERAL DIRECTOR	1000	ADDRESS	
1	OCAL REGISTRAF	Total	A PARTY OF THE PAR	3/ Barry	7 0 1 South	nglow Millian	us MJ?	
M	VS 150		-	420		(#		



7042

53 7042

ADDRESS

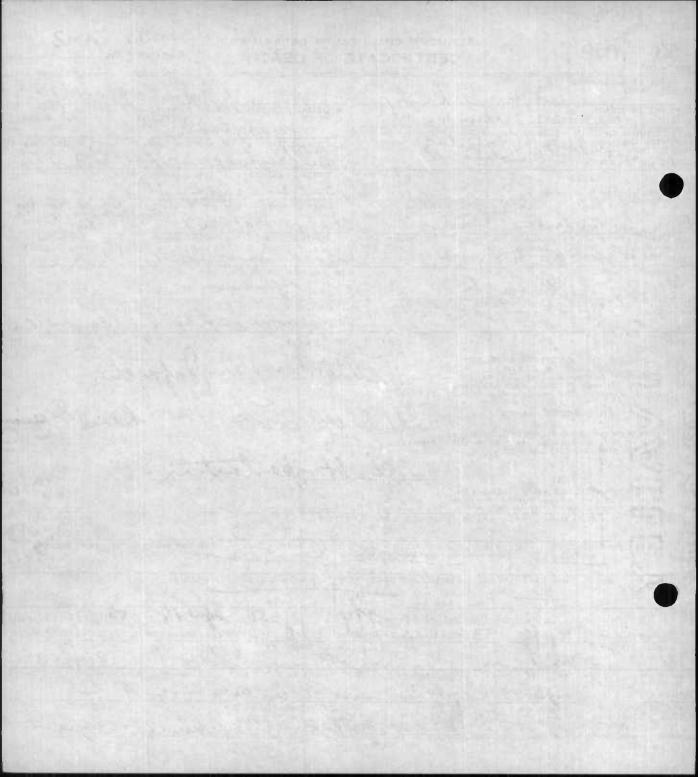
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE DEATH Quy. 3. 1953 (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: naryland COUNTY A. Baltimore City, Maryland A. STATE before admission) B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR AL location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 1400Blue n! Georalitie lunor E 69 - Yrs. D. STREET ADDRESS (If rural, give location) 11 - Mos. 102! Samueset gth of stay in Baltimore 16- Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years | If Under | Year | If Under 24 Hours | Iast birthday) | Months; Days | Hours; Min. If Under I Year WIDOWED, DIVORCED (Specify) arreite Widowed 11 16 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY lunovE. 14. MOTHER'S MAIDEN NAME Known entgra 15. WAS DECEASED EVER IN U. SARMED PORCES? Yes, no or ynknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. Bridge 1021 Someoke INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. pertenting. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT AT WORK . 19 Sthat I last saw the 22. I hereby certify that I attended the deceased from I deceased alive on_ _ 1953 and that death occurred at_ m., from the causes and on the date stated above. 231. SIGNATURE 23B. ADDRESS 23C, DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY Umore. Mid

25 FUNERAL DIRECTOR

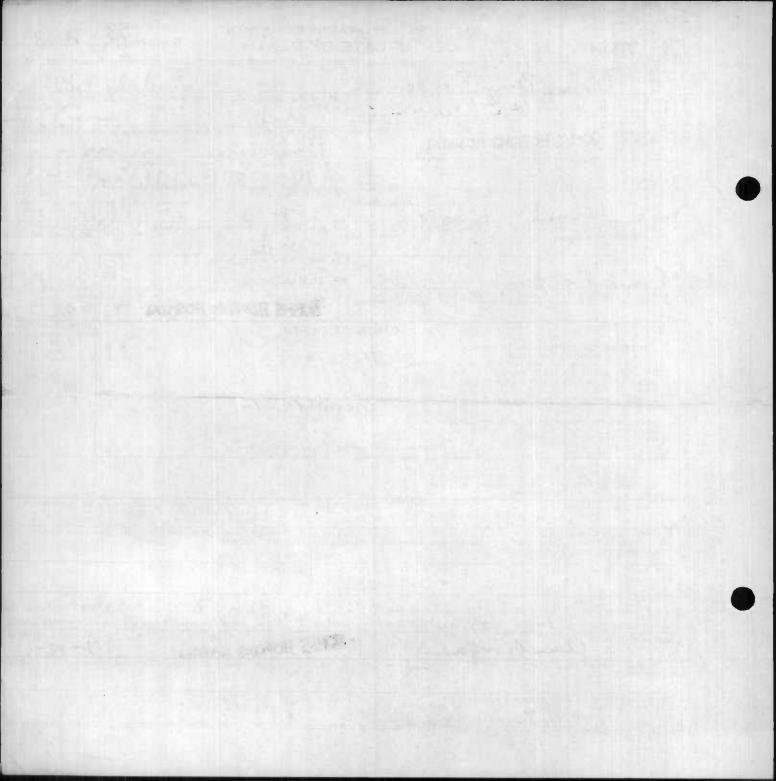
DATE RECEIVED BY

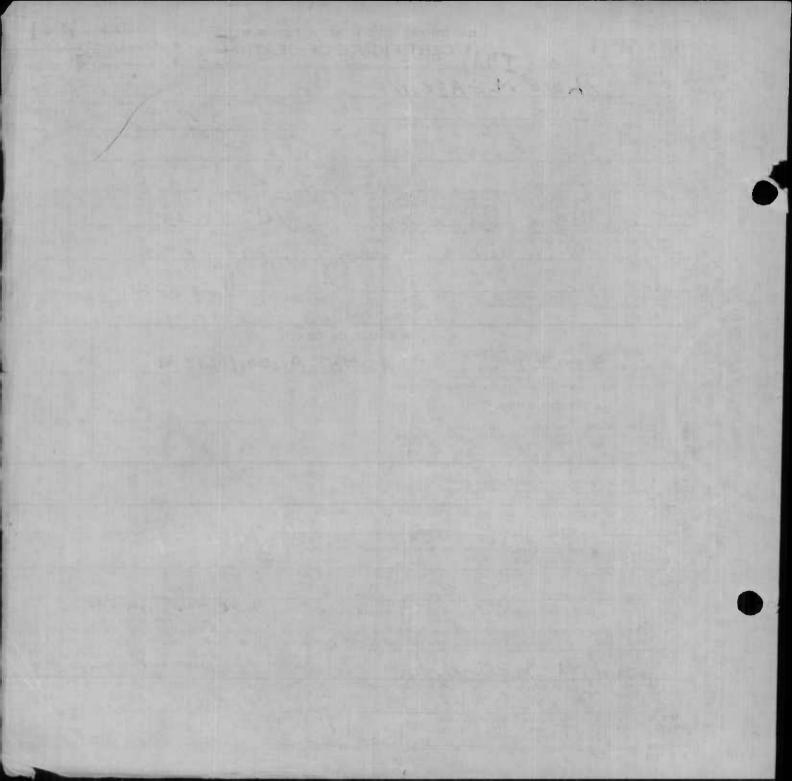
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



11	T	- 11.3	6			Burn				2000			All the same
1		240		BA	LTIMORE					n	., 5	3	7042
	E)	3H NO.70	4353-154	153	CERTIF	FICAT	E OF	DEAT	H	Ke	gistered	No	1090
	1. (Ty	NAME OF D	Buly P	Sour E	Felder	~	M. D.			2. DATE OF DEAT	1 0	w 9	1953
		PLACE OF D Baltimore (EATH: City, Maryland	+ POP	rem		4. USU	IAL RESID	ENCE (W		scd lived, I		on : residence before admission
	HO	FULL NAME SPITAL OR STITUTION	_		ition, give stree	t address or location)		OR TOWN	I (If	outside cor	porate lim	its, write	RURAL and give
. -	3	3	JOHNS HOP	MINS HO	SPITAL	V	12	ultin	MANA.	rural, give	location)	-0	township
	c.	Length of s	tay in Baltimore			Yrs. Mos. Days	D. STR	4-23	5.1	311	A lo	5+.	
	5.	SEX	6.COLOR OR RAC		E, MARRIED, WED, DIVORC			E OF BIRTI	H		(In years irthday) M	H Under 1 Y onths D	ays Hours Min.
			CUPATION (Give kind					THPLACE	State or fo	reign coun	itry)		TIZEN OF
			of working life, even if retir	ed)		NDUSTRY		md	, .			W	HAT COUNTRY
	13.	P	Fel do				14. MO	THER'S MA	AIDEN NA	AME			
		WAS DECEASE no or unknown)	D EVER IN U. S. ARI		16. SOCIA	L RITY NO.	17. ANE	ORMANT	ca.			ADDRES	SS
	,						8.5		OPKINS	HOSPI	TAL	lin	TERVAL BETWEEN
		18. 76.2 DISEAS	5 I SE OR CONDITION	N DIRECTLY		CAUSE		,					ISET AND DEATH
			not mean the mod- re, asthenia, etc. It n	e of dying, c.		Ata	tecta	818	••••••	***************************************			•
			eomplication which	eaused deat		-			jili.				
	z	DISEASES	ANTECEDENT CA		(B)	Pr	ema	turil	9				
	ATIO	RISE TO T	5 OR CONDITIONS HE ABOVE CAUSE (/ING CONDITION	A) STATING T	THE DUE TO								
	U		II		(C)					*****************			
	ERTIFI	TO THE	NIFICANT CONDITIO	RELATED T									
	Ö	THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NA	F OPERATION		OITION FOR	WHICH O	PERATIO			TION WAS			AUTOPSY?
	CAL	21A. ACCIDE	ENT WAS UNDER			INJURY	(e. g., in or		PART I	OR PART	11	YE	xact location)
	ED	OR CONTRIB	BUTING CAUSE	OF abou	t home, farm, facto			INJURY O					
	Σ	21D. TIME ((Month) (Day) (Yes	ar) (Hour)	21E. INJURY	OCCURR NOT WHI		21F. HOW	DID IN	JURY OCC	CUR?		
	1			nı.	WORK L	AT WOR	к	106'	2 4-	7-0	100	3 44 00	t I lant ones th
o Too		deceased a	y eartify that I dive on $9-9$	attended th	e deceased j , and that d	rom eath occu	rred at_	4-20 Pm	, , to to t	he cause	s and on	the dat	t I last saw the
		23A. SIGNA	TURE Chin	Morgo	an.	м. о.	2	S HOPKI	MS HO	SPICOLERE		230	- 12-5%
200	24	A. BURIAL, S	CREMA- 24B, DATI	E	24C. NAME				24D. L	OCATION	(City, tow	n, or cou	
		ATE RECEIVE		R'S SIGNAT	WRE	1703	J .25. FUI	NERAL DIF	RECTOR	300		'ADD	RESS
		CAL REGIST		neton	NOT SERVICE	4-W3	A DO	32.50	ردى	el l			
	#	Vs 150	300	0	7	1-3		Ü			1		
100													





WRITE

PLEASE

age

BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

Registered N

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Cornelius Washington f=Lucas:)== DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland before admission) Maryland (If the order of the state of t C. CITY OR TOWN (If outside corporate limits, write RURAL and give 1817 Madison Avenue Baltimore 17, Maryland
D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1817 Madison Ave. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | If Under I Year If Under 24 Hours last birthday) Months Days WIDOWED DIVORCED (Specify) Hours Min. 1/6/96 Male Negro 10A. USUAL OCCUPATION (Givekinder) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Maryland Porter Sports Center 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katie Hammond James Washington Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) Myrtle Washington, 1817 Madison Ave. NTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20, AUTOPSY 19A. DATE OF OPERATION EDICAL (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 1952, to_ , 1953, that I last saw the 22. I hereby certify that I attended the deceased from m., from the causes and on the date stated above. deceased alive on 37, 1913, and that death occurred at 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 8-3.5 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 240. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park Balto. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Charles R. Law, 802 Madison Ave.

VS 150

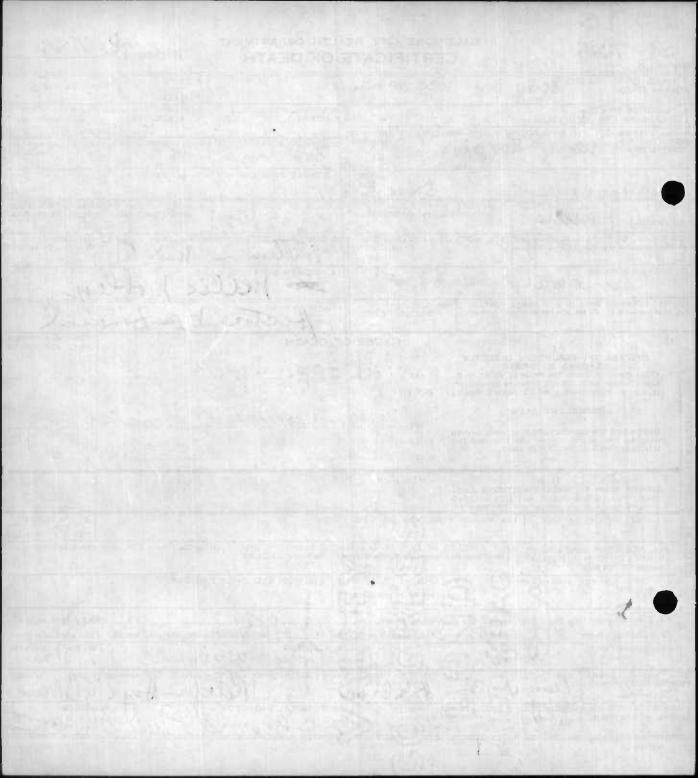


Corrected by Marriage Record of deceased, 1952 Withholding Statement, Voter's Card 6-10-64 M.H.

Parent's names inserted from birth certificate of deceased.

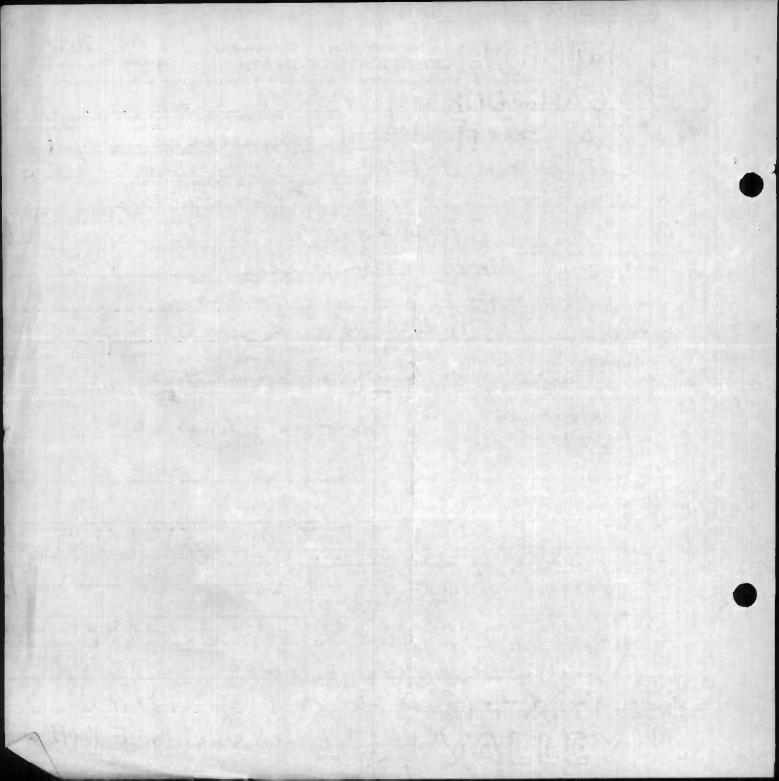
9/25/64 C. Bowens

M 235	*
53 7046 BALTIMORE CITY HE BIRTH NO. 53-17973 CERTIFICATI	
1. NAME OF DECEASED Baby boy Mac Jonal (Type or Print)	2. DATE 0F DEATH
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admlssion)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION WERE ADDITION Incation)	C. HICK TOWN (HEbtside corporate limits, write RURAL and give township)
or igth of stay in Baltimore 5 days Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	9. AGE (In years of black) 9. AGE (In years of londer I year of londer I y
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHELACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Donald Helfar	14. MOTHER'S MAIDEN NAME Wobley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT MOR SADDRESS
0017	OF DEATH INTERVAL BETWEEN DISET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	-op. Shock
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	- Mesenderic Herriadian
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.	
198 DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY? YES NO NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., c	or 21c. WHERE DID (If In Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	13 , 1953 to , 19 , that I last saw the
deceased alive on 3 , 1953, and that death occur	
Scheller M.D.	Mercy Hospidal 8/3/53
24A. BURIAL, CREMA- 24B) DATE TION/REMOVAL (Specify) Cun 4-3 AT COS	1 Kital II PIII . A
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR JUNE SURFINES
VS 150	



,	7	-516			
		BALTIMORE CITY HE	ALTH DEPARTMENT	53	7047
e		53 7047 CERTIFICATE	E OF DEATH	Registered No.	-
The	1.	. NAME OF DECEASED	4	2. DATE	1 10
ed.		Type or Print) ZOUMBEROS, SI	avres	OF DEATH J-/	-1953
supplied.		Baltimore City, Maryland Balto mid	4. USUAL RESIDENCE (Wh	ere deceased lived. If ins	titution : residence before admission
		FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR O location)	c. CITY OR TOWN! (If or	utside corporate limits, w	wite BIIDAI and air
ully	11	NSTITUTION TO Garries Hantel	Bal	Ginne 2	6 township
carefully legibly.	1	Yrs.	D. STREET ADDRESS (If ru	wal, give location)	1
A) been	-	Length of stay in Baltimore Days SEX [6. COLOR OR RACE 7. SINGLE, MARRIED.]	542.8	-avages	//
ar	3	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (La years li bad last birthday) Month	
on should clearly an	10	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore	eign country) 12	. CITIZEN OF
(1)	WOr.	rk doga during most of working life, even if retired) Mer Chant: Mar	ancece.		WHAT COUNTRY
information of death ch	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	ME	
orm dea	1 5	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Unkno	un	
infe s of	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, 100 or unahunown) (If yee, give war or dates of service) [16. SOCIAL SECURITY NO.	17. INFORMANT	FIG. C D ADD	RESS (4
em of j	-4	18. / 53 / CAUSE (OF DEATH	JAW. Nap	INTERVAL BETWEEN
y item the cau		DISEASE OR CONDITION DIRECTLY	1		ONSET AND DEATH
t K		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	use commone	Jour	••••••••••••••
Ever		injury or complication which caused death.) DUE TO			
	7	ANTECEDENT CAUSES	unoma of low	ver colon	
INK.	9	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	0	***************************************	•
NG.	CAI	UNDERLYING CONDITION LAST. (C)		***************************************	
UNFADING Physicians:	E	II II			1
NF	ERTI				
	U	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF		ON WAS RELATED TO	20. AUTOPSY?
WITH tant.	SAL	() WAS PERFORMED	PARTIOR		YES NO
0	EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING ADUSE OF Shout home, farm, factory, street, office) DEATH (NOTIFY MEDICAL EXAMINER)	e.g., in or 21c. WHERE DID (II	f in Baltimore City, giv	e exact location)
INLY ly imp	X		D 21F, HOW DID 1NJU	IRY OCCUR?	
AII		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	E		
TE PLAI especially		22. I hereby certify that I attended the deceased from	ely 1 1953 to a	ug / , 1953t	hat I last saw th
TE		deceased alive on ang 1, 1953, and that death occur	red at 1048 m., from the	e causes and on the	date stated above
E. IS		1 Comment	3B. ADDRESS agres.	Hosp.	SOL DATE SIGNED
E	2	AA. BURIAL (CREMA-) 24B. DATE 24C. NAME OF CEMETE!	RY OR CREMATORY 240. LO	CATION (City, town, or	county) (State)
PLEASE W.		Burial 18-4-53- Greek Ce	metery Min	door Mill	Kol.
PLE	D.	OCAL REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	144. A	DDRESS
	-	AUG 4 1,253 71	HAMDros In	c. 440 E.	North FTO

VS 150



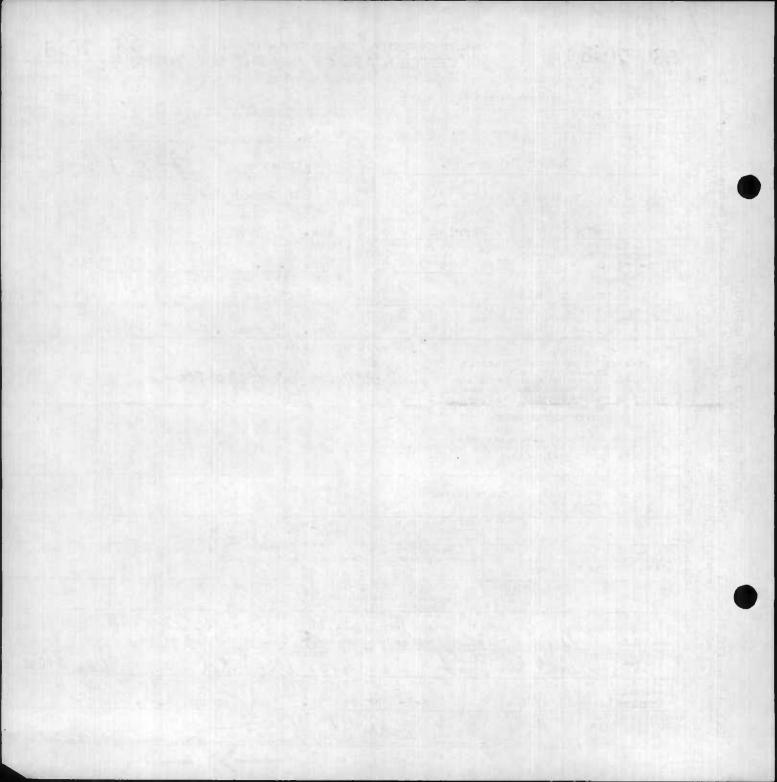
۲	
)	
i	
•	
7	
į	
4	
Š	
2	
,	
ř	
3	3
ì	10
4	E
Š	eg
)	_
2	g
3	S
1	-
2	÷
9	a
4	le
5	0
3	P,
3	at
7	e
5	-0
1	of
They were minorimental such as car crais and biscar	00
4	e
	n
Ξ	a
3	0
4	he
ץ	ند
5	9
_	三
4	Z
	-
1	Se
7	ec
17	le
STATE DATE	cians: please write the causes of death clearly and legibly
7	
1	US
S	a
d	c.

53 7048

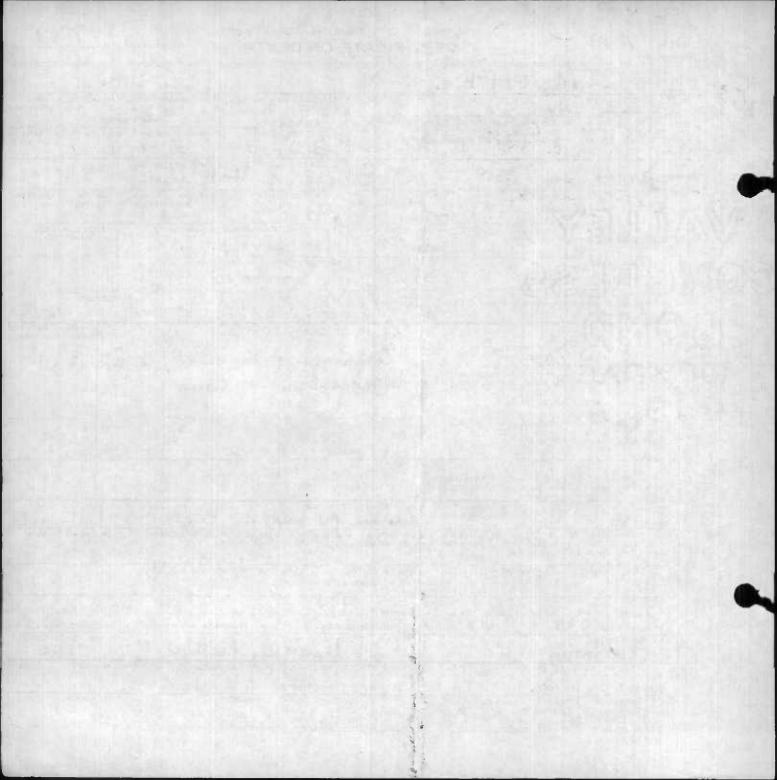
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

MO:0
7048
20 50

BIRTH NO.							
1. NAME OF DECEASED (Type or Print) WALTER	R HILLIARD HALL		2. DATE OF DEATH AUG	2, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESI	DENCE (Where deceased lived, I				
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION 207 Church	tal or institution, give street address or location)	C. CITY OR TOV	17	its, write RURAL and give			
207 Unuren		Baltimo		1			
	Yrs. Mos.		RESS (If rural, give location)				
c. Length of stay in Baltimore	Days		nurch Warden Rd.	M 11-1-1 N 11-1 0 N 11-1			
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	Aug. 21,	last birthday) M	If Under 1 Year Ionths Days Hours Min.			
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-Pres.	108. KIND OF BUSINESS OR INDUSTRY Pipe Covering	Clyde N. C	E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY USA			
13. FATHER'S NAME		14. MOTHER'S					
Marcus L. Hall		Lura	Jones				
15. WAS DECEASED EVER IN U. S. ARMEI	D FORCES? 16. SOCIAL	17. INFORMANT	*	ADDRESS			
(Yee, no or unknown) (If yas, giva war or date	SECURITY NO.			ove			
DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITIONS	(B)						
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING							
19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OF WAS PERFORMED		IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	IN YES NO			
21A. ACCIDENT WAS UNDERLY. OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE	F about home, farm, factory, street, office	a.g., in or 21c. Wholidg., atc.)	EERE DID (If in Baltimore City OCCUR?	, give exact location)			
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE M. WORK AT WORK	LE	W DID INJURY OCCUR?	·			
22. I hereby certify that I attended the deceased from the 10 , 1953, to the 2 , 1953, that I last saw the deceased alive on allow 2, 1953 and that death occurred at 5:39m., from the cluses and on the date stated above. 23A. SIGNAURE 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED							
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATO	RY 24D. LOCATION (City, tow				
Romoval 8/4/53	Bon-A-Ventur	e Cem.	Canton, N. C.	1000000			
DATE RECEIVED BY REGISTRAR	Balto md.						
VS 150							



	OS 7049 CERTIFICAT	EALTH DEPARTMENT 53 7049 E OF DEATH Registered No. 7049				
	NAME OF DECEASED Type or Print) LANG, FDITH M.	2. DATE OF \$13153				
E	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION (If not in hospital or institution, give street address or location)					
1	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 443				
7 44	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married OA. USUAL OCCUPATION (Givekindof, 10B. KIND OF BUSINESS OR	8. DATE OF BIRTH 9. AGE (In years a last birthday) June 2, 1894 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
we	Home Home Home 3. FATHER'S NAME					
10 (1	(Unknown) Boxwell 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL os. no or unknown) (If yes, give war or dates of service) SECURITY NO.	Laura Tabler 17. INFORMANT ADDRESS				
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Mrs. John G. Butt 835 Woodington Rd. OF DEATH noma of the breat, At with 2 yrs. eralized motorisis				
FDICAL CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	CAUSE OF DEATH, ENTER IN YES NO PART I OR PART II YES NO PART II YES NO PART III YES NO PART I				
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY MHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
age is espe	22. I hereby certify that I attended the deceased from deceased alive on 813, and that death occur 23A. SIGNATURE 4A. BURIAL, CREMA- 241. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Specify)	arred atm., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23c. DATE SIGNED 23c. DATE SIGNED				
וופני	Burial Aug. 6, 1953 Loudon Park OATE RECEIVED BY OCAL REGISTRAR VS 150	Cometery Beltimore Md. 25. FUNERAL DIRECTOR ADDRESS Wm. & Jakker & Son Inc Ballo Md				



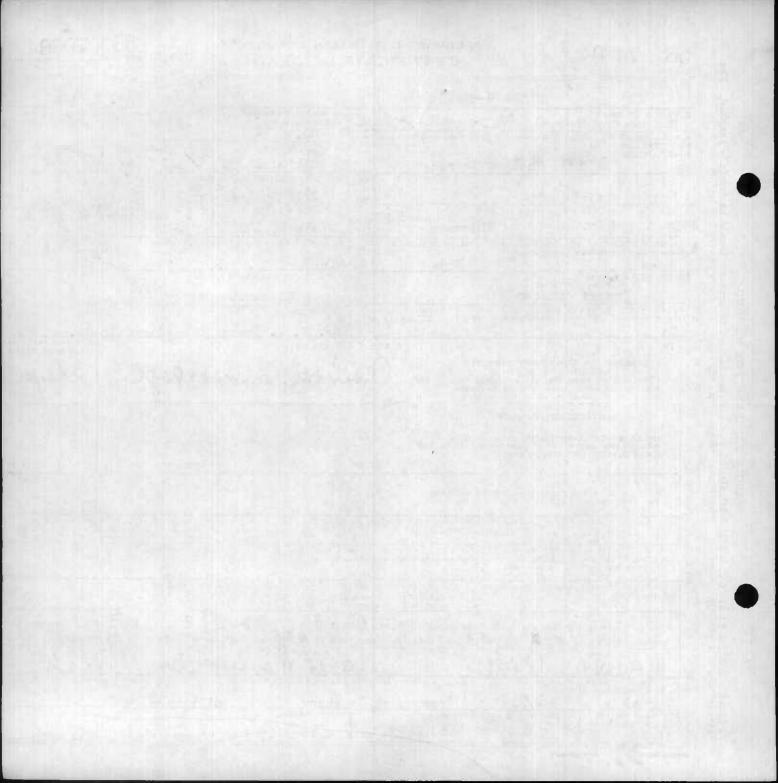
The

E-152

VS 150

No.

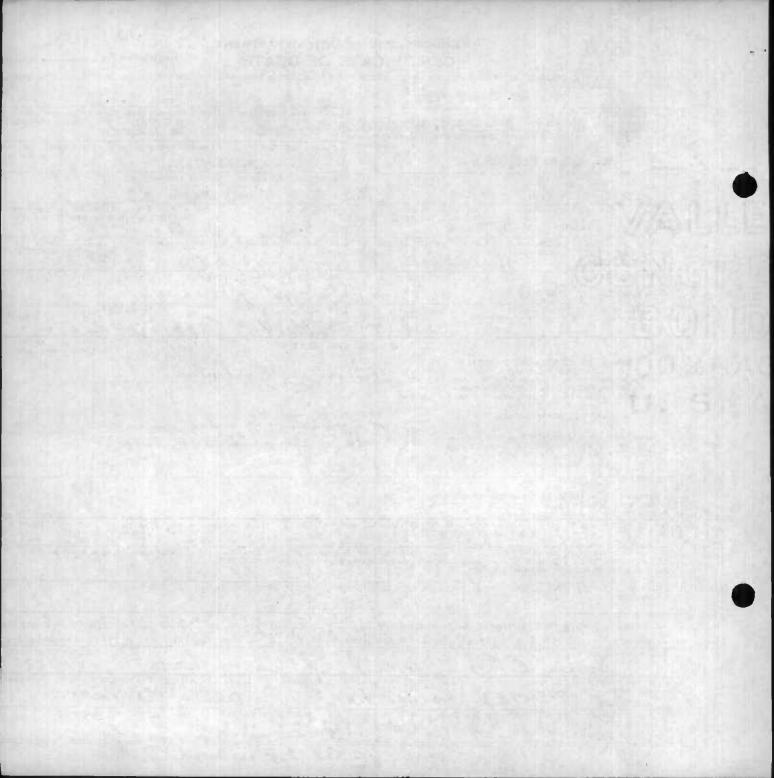
53	708	50		TIMORE CITY HE			Registered N	7050
BIRTH	ME OF DE	CEASED					2. DATE	
(Type	or Print)		A B EVA	ANS		d b a to	OF	. 2, 1953
	ACE OF DE	ATH: ity, Maryland			4. USUAL RES	IDENCE (WI	nere deceased lived, If	institution : residence before admission)
B. FUI	LL NAME C		al or institut	ion, give street address or location)				
	TUTION	0110 01 1	_		C. CITT OR TO		outside corporate limit	s, weite RHEAL and give township)
Del	2	2116 Chel	sea Ter	race Yrs.	Baltimo		ural, give location)	0
c. Le	ngth of st	ay in Baltimore		Mos. Days		helsea T		
5. SE.	x	6. COLOR OR RACE	7. SINGLE	E. MARRIED.	6. DATE OF BIE		9. AGE (In years last birthday) Mo	Under 1 Year H Under 24 Hems onths Days Hours Min.
F		M	Widov	VED, DIVORCED (Specify)	July 7,		93	
10A. Uwork don	JSUAL OCC	CUPATION (Give kind of working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	ome		F	fome	Harford (USA
13. FA	ATHER'S N				14. MOTHER'S			
15 W		omas Johnson DEVERINU, S. ARMEI	CODCEC	16. SOCIAL		zabeth F		
(Yes, no	or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMAN			DDRESS
18	45 43 -	./		None	OF DEATH	Evens	618 Allenda	INTERVAL BETWEEN
RTIFICATION	heart failur injury or DISEASES RISE TO TH	not mean the mode e, asthenia, etc. It mea complication which can an experience of the complex of the can an experience of the can an experience of the can are can be caused as the can are can be caused as the can are can	ns the disease aused death SES F ANY, GIVIN STATING TH	e, .) DUE TO			J	
CERTIF	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSING	RELATED TO					
19	A. DATE O		9B. CONDI VAS PERFO	TION FOR WHICH OF	PERATION		ION WAS RELATED TO DEATH, ENTER IN PART II	
	R CONTRIB	NT WAS UNDERLY UTING CAUSE OF FY MEDICAL EXAMINE	about	. PLACE OF INJURY (home, farm, factory, street, office	e. g., in or hldg., etc.) 21C. WI INJURY	HERE DID (give exact location)
21	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						·	
11	22. I hereby certify that I attended the deceased from 12/31, 1942, to 8/2, 1953, that I last saw the deceased alive on 8/8, 1953, and that death occurred at 45 m., from the causes and on the date stated above						3, that I last saw the	
	deceased alive on \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
						or county) (State)		
3	urial	8/4/53	3	Greenmount Ce			Altimore, Md	
	RECEIVED		'S SIGNAT	IRE LAUGH	25. FUNERAL I		2 Sons. Inc.	Ballo md



MARGIN RESERVED FOR BINDING

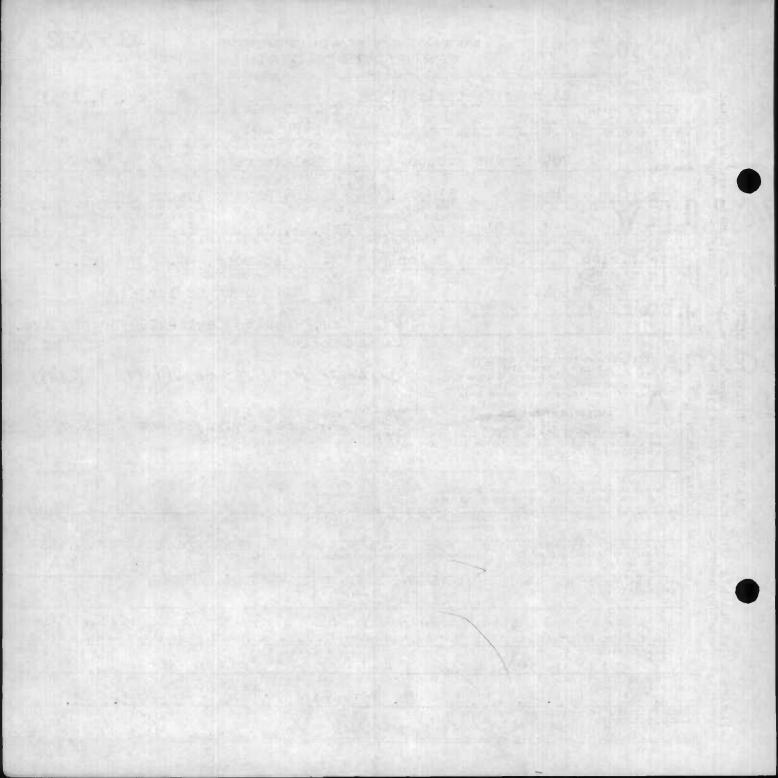
The

53 7051 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No							
1. NAME OF DECEASED (Type or Print) Ur. Harry Or	om —	2. DATE OF DEATH 8.1.53					
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore, B. FULL NAME OF (If not in hospital or institution, g. HOSPITAL OR INSTITUTION OF	ive street address or location) A. STATE MARYLAND C. CITY OR TOWN	ENCE (Where deceased lived. If institution: residence a. COUNTY before admission) Baltimore (If outside corporate limits, write RUPAL and give					
St. Agnes Hospital C. Length of stay in Baltimore 59 Yrs	Yrs. D. STREET ADDR	e, Maryland & 0 0 6 winship) ESS (If rural, give location) Kens Avenue #23					
5. SEX 6. COLOR OR RACE 7. SINGLE. MA WIDOWED, I Warried							
10A. USUAL OCCUPATION (Give kind of work done during most of working life, oven if retired) Pensioned 13. FATHER'S NAME	ECTRIC CO. MARY	State or foreign country) 12. CITIZEN OF USAWHAT COUNTRY?					
SAMUEL OREM	SUSAN	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT WAS MARV	M. OREM 3164 WILKENS					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO DUE TO Congrature fourlaise						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO					
21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, g 2bout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY m. WORK NOT WHILE AT WORK							
22. I hereby certify that I attended the deceased from July 18, 1953 to Que 1, 1953 that I last saw deceased alive on Que 1, 1953, and that death occurred at 11:45 m., from the causes and on the date stated at							
23A. SIGNATURE 23A. BURIA, PREMA: 24B. DATE 24C.	M. D. 23B. ADDRESS	23c, DATE SIGNED 24d, LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Odon PARK	BALTO. MARYLAND.					
VS 150	905E 35127	rederick av.					



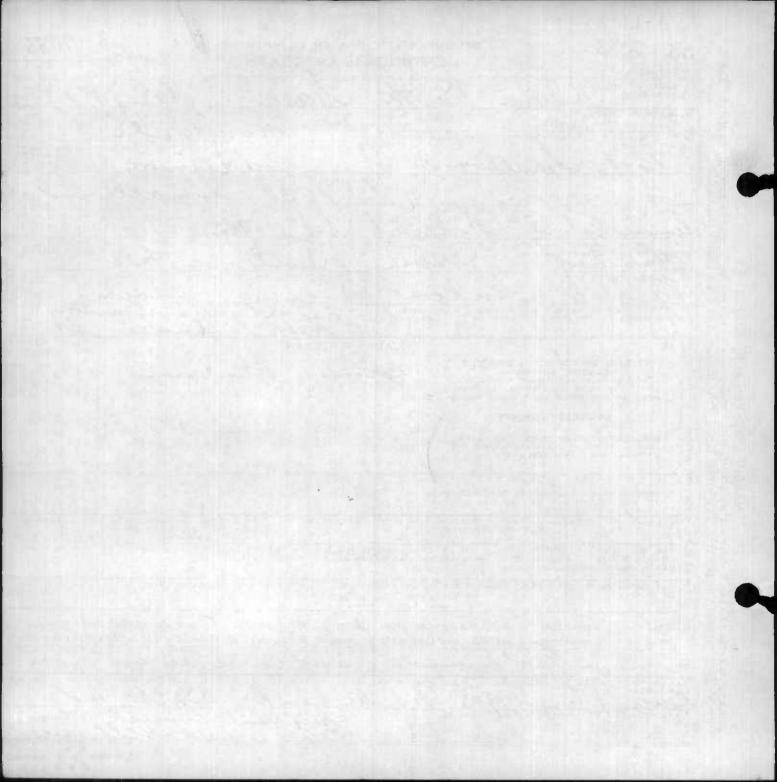
	Ш
	I
	ŀ
	1
	1
S.	I
D	ľ
eg	ı
d 1	
an	
>	ŀ
ar	1
cle	
r,	
eal	
0	I
0	
ses	1
an	
0	
th	1
te	
VI	
9	I
as	
ple	
	1
an	
ici	l
lys.	
4	
,	I
ant	
rts	II
DO.	
H	1
N	
lal	
ec	
SE	
S	
6	
rect age is especially important. Physicians: please write the causes of death clearly and legibly,	
دب	
re	

11-250		EO MONO					
53 7052 BALTIMORE CITY CERTIFICA	Francisco Registered No. 1997						
1. NAME OF DECEASED (Type or Print) Blanche Victoria Dixo.	n	2. DATE OF DEATH Aug. 3, 1953					
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	here deceased lived. If institution: residence B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address located institution) 2209 Bryant Avenue		outside corporate limits, write RURAL and give township)					
Y. M	s. D. STREET ADDRESS (If r						
c. Length of stay in Baltimore 61 yrs. Do 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific property) Britania	10 2209 Bryant 6. DATE OF BIRTH 10 16169) Jan. 3. 1892	9. AGE (In years II Under I Year last birthday) Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician Beauty Salon	11. BIRTHPLACE (State or for	WHAT COUNTRY					
13. FATHER'S NAME Howard Finks	14. MOTHER'S MAIDEN NA Elizabeth	ME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	. 17. INFORMANT Mrs. Rosetta Le	ADDRESS ewis-2209 Bryant Ave.					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
W DISEASE OF CONDITION CAUSING IT							
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	CAUSE OF PART I OF						
OR CONTRIBUTING CAUSE OF ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 2 - 1, 1953, to 8 - 3, 1953, that I last saw the deceased alive on 8 - 3, 1953, and that death occurred at 7:00 4 m., from the causes and on the date stated above 23 GIONATURE 23B. ADDRESS 24A. BURIAL, CREMN-1 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24B. LOCATION (City, town, or county) (State)							
TION, REMOVAL (Specify)		timore Co. Md.					
VS 150 7 4	108F	Hill are.					



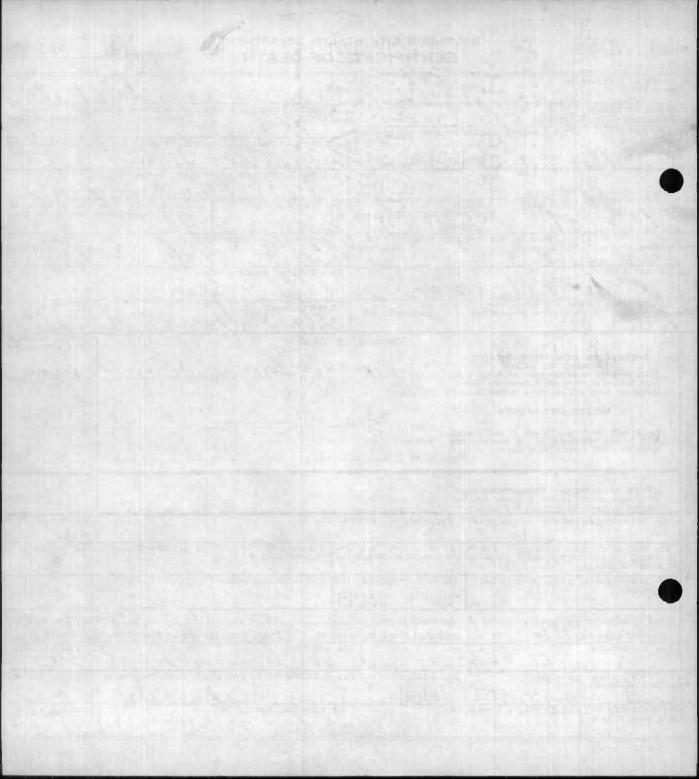
The

1			50				
53	CERTIFIC	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 1					
	TH NO.						
3. F	PLACE OF DEATH:	Have 1 4. USUAL RESIDENCE	2. DATE OF DEATHURS E (Where deceased lives, if inse				
	Baltimore City, Maryland	A. STATE MA	S. COUNTY	before admission)			
HO	1638 & Smallwood &	c. CITY OR TOWN	Moutside corporate limits, w	rite BURAL and give ownship)			
0-1		Yrs. D. STREET ADDRESS	(If rural dive location)	011			
-		Days 638N	emacu	n I Year It Under 24 Hours			
Le	male Color or RACE 7. SINGLE. MARRIED. WIRDWED DIVORCED (S	ter. 1,190	last birthday) Months	s Days Hours Min.			
work	. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS Comparing most of working life, even if retired)		or foreign country)	. CITIZEN OF WHAT COUNTRY?			
6	Arusewife Anne	Vallen	une/m.				
13.	FATHER'S MAME	14. MOTHER'S MAIDE	N NAME				
1	and D. Studen	Unnie	- Drown	Un I			
15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL no or wokoown) (If yes, give war or dates of service) SECURITY	THINFORMANIA	dus Amos	the			
(y ce*	no or nokoown) (If yes, give war or dates of service) SECURITY ?	1541 X	Elsalei.	St.			
T	18. // p. a. / CAU	ISE OF DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH			
	LEADING TO DEATH	Lonary Oc	chision	>			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING						
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
V	UNDERLYING CONDITION LAST.						
ERTIFICATION	11						
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHIC		PERATION WAS RELATED TO	20. AUTOPSY?			
AH	WAS PERFORMED	PAR	T I OR PART II	YES NO			
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. g., in or OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC	URRED 21F. HOW DID	INJURY OCCUR?				
		OT WHILE					
	22. I hereby certify that I attended the deceased from	July 29 195 3 to	and 1, 1950, t	hat I last saw the			
-		occurred at 3 2 m., fro	om the causes and on the	date stated above.			
23A DIGNATURE 23C. DATE SIGNED 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED							
M. D.							
24A. BURIAL, CREMA, 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
Julias ring, 4 1953 when Mem. 1x. (Jaco. Me.							
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE							
AUG 4 1000 The timestone 1 to marrie 1631 Arrived All are.							
VS 150							
	43 130						

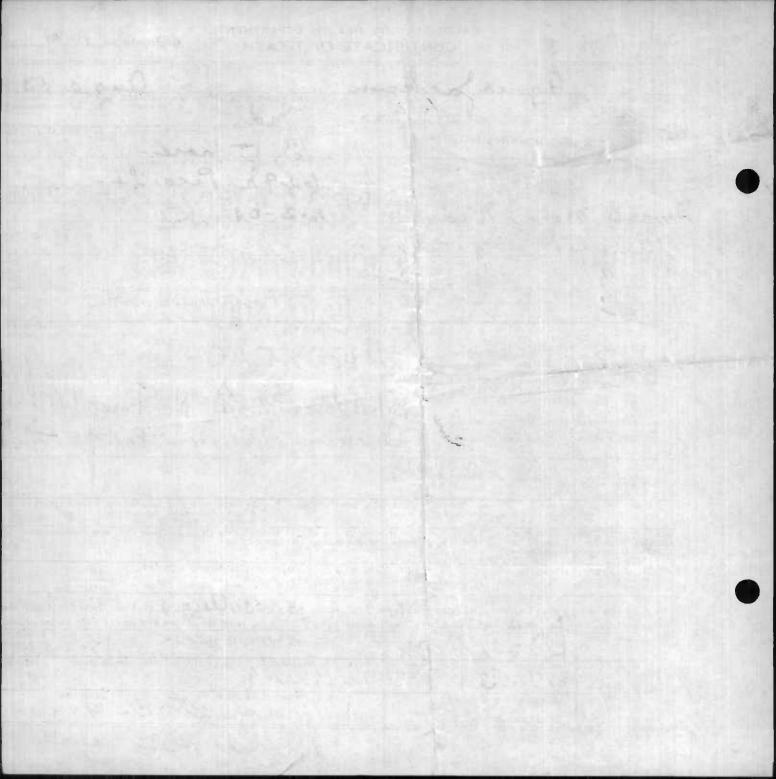


53 7054 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deccased lived, If institution; residence A. Baltimore City, Maryland before admission) B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. REET ADDRESS (If yural, give location) Mos. c. Length of stay in Baltimore Days AGE (in years | | Under | Year | | | Under 24 Hours | last bipteday) | Months Days | Hours Min. 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work done dowing most of working life, even if retired) 10s. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY COUNTR 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME 15. WAS DECEASED EVER . S. ARMED FORCES? Yes, no or unknown) (If yes, also war or dates of service) 16. SOCIAL ADDRESE (Yes, no ar unknown) SECURITY NO. 18. 450,0 INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT ____, 19 3, that I last saw the 22. I hereby certify that I attended the deceased from. 1952, to_ deceased alive on 8 - 1 ___, 19 5 3, and that death occurred at_ .m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR 24D. LOCATION (City, town, or county) Burner DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

5-15-			
53 7055	BALTIMORE CITY HEALTH CERTIFICATE OF	_	egistered No. 7055
BIRTH NO.	CERTIFICATE OF		
1. NAME OF DECEASED (Type or Print)	& E. Spencer	2. DA' 01 DEA	- / lun / /dra
3. PLACE OF DEATH: a. Baltimore City, Maryland	A. STA	AL RESIDENCE (Where dec.	eased lived. If institution: residence COUNTY before admission)
HOSPITAL OR	stitution, give street address or location)	OR-TOWN Alf outside)c	properate limits, write RURAL and give
INSTITUTION 1609 Call	monasson are	Ballo TI	ownship)
a chath of stev in Politimans	Mos.	ET ADDRESS (ligaral civ	e location)
	Days B. DATE		(in years If Under 1 Year If Under 24 Hours
11916 101. 12	DOWED, DIVORCED (Specify)	4/5/4/3 40	birthday) Months Days Hours Min.
ork denseuring most a working life, oven if retired)	KIND OF BUSINESS OR (1.BIF	HPI (State or foreign cou	12. CITIZEN OF WHAT COUNTRY?
13: FATHER: STYAME	14. Mg	THERE MAIDEN NAME	12.5.4
Willing Ellin	glon ci	ta V. Splr	icer
(15. WAS DECEASED EVER IN U. S. ARMED FORCE Yes, no or uptnown) (If yee, give war or detes of servi	16. SOCIAL SECURITY NO. 17 IN	a de Men	ADDRESS 6329.
18. 331X	CAUSE OF DEA	ATH .	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	1-0-6-	- VASENJAR AC	
(This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused	isease.	- V1436 V14 K 176	o AR.
ANTECEDENT CAUSES		, .	
DISEASES OR CONDITIONS, IF ANY,	GIVING (B) Pre R	TINSION	
RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	(C)		AGE STORY
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE	LATED		
19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- 21B	. PLACE OF INJURY (e.g., in or 21c.	WHERE DID (If in Bale	YES NO Cimore City, give exact location)
		JRY OCCUR?	more only, give exact location,
TIME (Month) (Day) (Year) (Hour)		HOW DID INJURY OCCUP	17
	m. WHILE AT NOT WHILE AT WORK	-> =/	
dcceased alive on 7/3/ 193	the deceased from 7/3/ 3, and that death occurred at	3e Am. from the cause	, 19.53, that I last saw the es and on the date stated above.
			T WITH CIT TITE WATE DEWLEW WOODE.
23A. SIGNATURE	/		23c. DATE SIGNED
24A. BURIAL CREMA-1 24B. DATE	23B. ADDI	I N. CARROLL	for 23c. DATE SIGNED (State)
&. Prenton to	Trant M.D. 60	EMATORY 24D. LOCATION	ton 8/3/53
24A. BURIAZ, CREMA- 24B. DATE FION, REMOVAL (Specify) BURIAZ, CREMA- 24B. DATE BURIAZ, CREMA-	MATURE 25. FUN	EMATORY 24D. LOCATION	ton 8/3/53
24A. BURIAL CREMA- 24B. DATE FION, REMOVAL (Specify) Bures DATE RECEIVED BY REGISTRAR'S SIGN	MATURE 25. FUN	EMATORY 24D. LOCATION	ton 8/3/53



	53 7056 RTH NO.		EALTH DEPARTMENT E OF DEATH	Registered No.	7056
	NAME OF DECEASED Print)	Jackson		2. DATE OF DEATH	0 2, 53
	Baltimore City, Maryland	Jaz	A. STATE	Where deceased lived, If is B. COUNTY	slitution: residence before admission)
HC	FULL NAME OF (If not in hospital or in SPITAL OR STITUTION JOHNS HOPKINS		C, CITY OR TOWN (1	if outside corporate limits,	Write RURAL and give
5	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give location)	
China Street	SEX 6. CQLOR OR RACE 7. SI	NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH		ths Days Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of open digring me it of working life, ev) in fretired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	fereign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	110	14. MOTHER'S MAIDEN I	NAME	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORC (If yes, give war or dates of servi	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS	HOPKINS HOSPIT	ARESS
	18. / 7 / X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	1/1/	emia		
	(This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused	disease,			
-7	ANTECEDENT CAUSES	B.1. H	ydronephnosi	s - Non Fund	et. Laft Kidney
CATIO	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	GIVING	inoma of Cer		
ERTIF	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	D TO THE			
LC		ONDITION FOR WHICH O	CAUSE	ATION WAS RELATED TO OF DEATH, ENTER IN OR PART II	
EDICA	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY about bome, farm, factory, street, office	(e. g., in or 21c. WHERE DID	(If in Baltimore City, g	rive exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHI MORK AT WOR	LE	NJURY OCCUR?	
	22. I hereby certify that I attended	the deceased from	ly 13,57953 to C	lug 2, 195	3hat I last saw the
	deccased alive on Gug, 2, 198	Musth	rréd at 9 70 m., from 23B. JOHNS HOPKINS		e date stated above. 23c. DATE SIGNED 7-2-53
2/ TV	SA) BURIAL CREMA- 24B. DATE	24c NAME OF CEMETE	RY OR PREMATORY, 24D.	LOCATION (City, town,	or county) (State)
D.	ATE RECEIVED BY REGISTRAR'S SIG	- MANOR	25. FUNERAL DIRECTOR	Islead_	918-
-	VS 150	2611	Shried	Hiel	ave,
		0/00/			



correct age

VS 151

21D. TIME OF INJURY

MARGIN RESERVED FOR BINDING

The

	7-6.	56					3 7057
	53 7057 BALTIMORE CITY HEALTH DEPARTMENT Registered No.						
BI	RTH NO.		C	RIFICATI	E OF DEATH		
	NAME OF D	RICHI	BRP 7	TURNE		2. DATE OF DEATH AU	
	Baltimore (City, Maryland			4. USUAL RESIDENCE (Where deceased lived. B. COUNTY	If institution; residence before admission)
HIC	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospita	al or institution,	give street address or Iocation)	c. CITY OR TOWN	If outside corporate lin	nits, write RURAL and give township)
	4	Universit	y Hospita		Balto.	-4-	3-01
	0			Yrs. Mos.	D. STREET ADDRESS (1	f rural, give location)	
c.	Length of s	tay in Baltimore	?	Days	1028 S. Shart		
5.	SEX	6. COLOR OR RACE	7. SINGLE, M WIDOWED,	ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
10	A USUAL OC	CUPATION (Give kind of	108 KIND OF	BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	I 12. CITIZEN OF
		of working life, even if retired)	iob. Kintb o.	INDUSTRY			WHAT COUNTRY?
		Laborer			Va.		USA
13	FATHER'S	NAME			14. MOTHER'S MAIDEN I	NAME	
	Wm.	Turner			Mary		
	. WAS DECEAS	ED EVER IN U. S. ARMEE	FORCES? 16	SECURITY NO.	17. INFORMANT		ADDRESS
(10	no or unknown)	(11 yes, give war of date	217-03-3		Trinnie Priset!	lw 2117 Mad.	Ave
					OF DEATH		INTERVAL BETWEEN
	18. 44	2 X I		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA		1140	FREENE	AALD	
		s not mean the mode of	of dying, e. g.,	(A)[ERTENSIVE ERIO SCLERO		
		ure, asthenia, etc. It mea complication which o		DUE TO		_; .	
				ART	erio sciero	116	
		ANTECEDENT CAUS	SES	C.A.	DIOVASCUCA	R DISER	184
Z.	DISEASE	S OR CONDITIONS, I	F ANY, GIVING	(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				DUE TO			
AT	ONDERL	TING CONDITION E		(C)	•••••••••		
2		11					
ERTIFICA	TRIBUTIN	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
Ü				NDINGS OF OPER	RATION		20. AUTOPSY?
		0.					YES NO
DICAL	UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.	about home, farm,	OF INJURY (e. g., i		(If in Baltimore City	give exact location)
Iri	011110						

(Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

NOT WHILE WHILE AT AT WORK WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an instance of Inquiry and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, undetermined and death in my opinion resulted from: natural causes , accident . suicide . homicide .

34	SIGNATURE	0.	7		100
	osesh	4.	Vanh		CX
40	DIAL CREMA-	24B DATE		1240	NAME

M.D OF CEMETERY OF CREMATORY

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ...

25. FUNERAL DIRECTOR

23c. DATE SIGNED

man St

Presstman

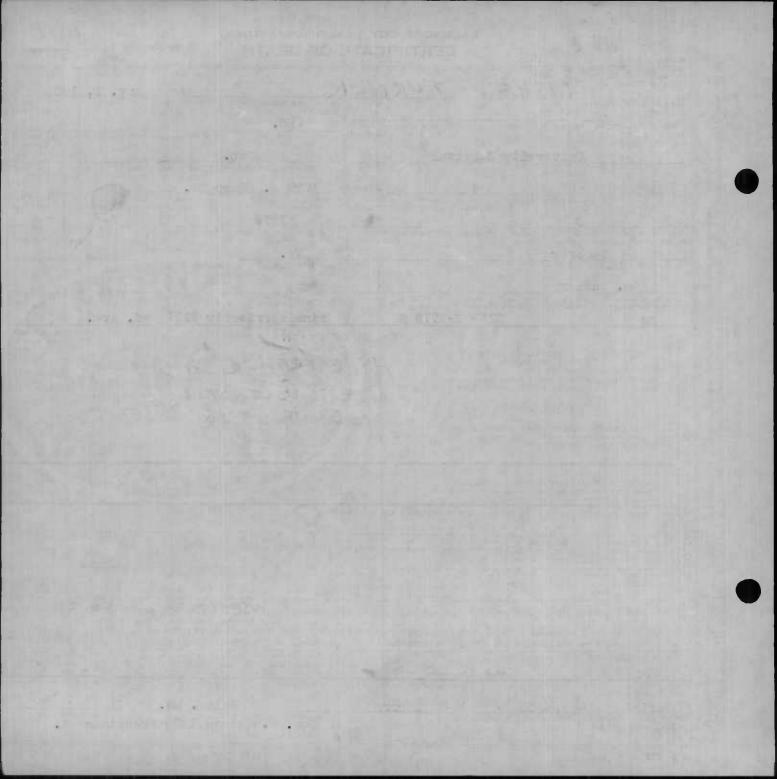
(State)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24D. LOCATION (City, town, or county)

DATE RECEIVED BY OCAL REGISTRAR un trenstor

Auburn



WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The	E 1 (
plied.	1 10
dns A	THE P
efull bly.	13
l legi	(
y and	
n she	WC
matio	1
infor s of d	C
m of	-
y ite	
Ever	
INK.	NO
ING ns: p	FYU
FAD	DITE
I UN Phy	TI C
WITH tant.	MOIT A DISTERS IN DICTA
LY,	1277
LAIN	
E Pl	
WRIT e is	PITORO INCIDENT
50	1000

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE NAME OF DECEASED Type or Print) OF Aug. 3, 1953 William C.Doenges DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence PLACE OF DEATH: 210 N. Belnord Ave. B. COUNTY before admission) Baltimore City, Maryland 210 N. Belnord Ave. Balto. City (If not in hospital or institution, give street address or IOSPITAL OR location) (If outside corporate limits, write RURAL and give NSTITUTION Balto. Md. D. STREET ADDRESS (If rural, give location) Yrs. Mos. . Length of stay in Baltimore 210 N. Belnord Ave. life Days 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Married 9. AGE (In years) If Under 1 Year 6. COLOR OR RACE 8. DATE OF BIRTH . SEX last birthday) Months Days Hours Min. Nov.23.1892 male 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR Hendler Ice Cream Co. ork done during most of working life, even if retired) WHAT COUNTRY? Balto. Md. Truck Driver 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME Elizabeth Irvin Frederick Doenges 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) es, no or unknown) Mrs. Elsa May Doenges 210 N. Belnord Aye 215=03=2875 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE 66 ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN PART I OR PART II 21c. WHERE DID (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e. g., in or INJURY OCCUR? OR CONTRIBUTING | CAUSE OF

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from april 1, 191) to Cer deceased alive on II A 19 D. and that death occurred at 12 f. m., from the causes and on the date stated above. 23A. SIGNATURE

23c. DATE SIGNED

ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DEATH (NOTIFY MEDICAL EXAMINER)

OF INJURY

VS 150

21D. TIME (Month) (Day) (Year) (Hour)

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

Balto. Md.

19/2, that I last saw the

Trinity Com. Aug.6.1953 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

FUNERAL DIRECTOR

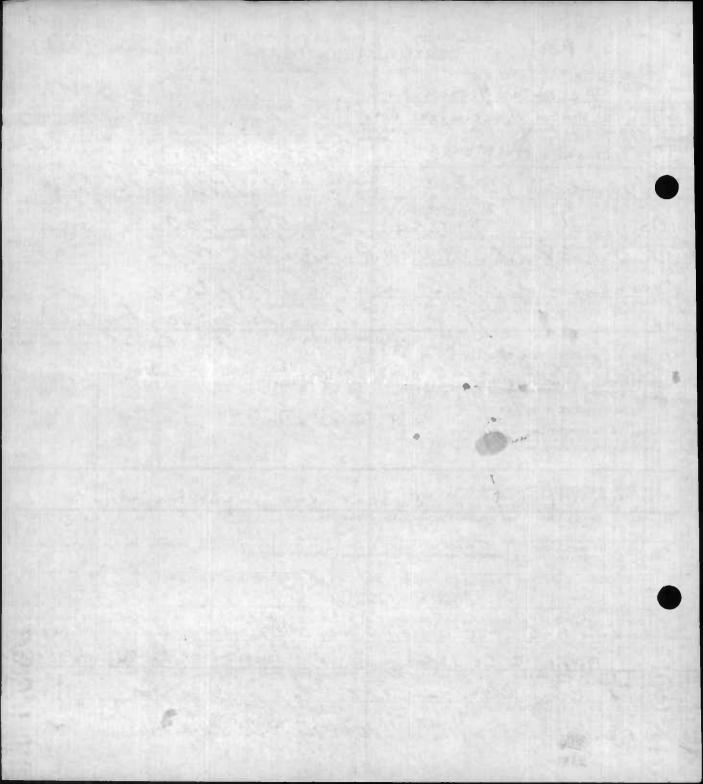
and __ . on the expense of the late. THE RESIDENCE OF THE PROPERTY OF THE PARTY O . 2 .8012 H 8, 48 - 1074, --- 1281 TO THE BUILD STORY OF . - 1 Services | Book, C., and J. D. Valle. 4 OF A DESE

6	2	53	2	70	69	
RTH	NO.					

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7059

BII	RTH NO.	3 7000	CI	ERTIFICAT	E OF DE	ATH	Register	d No	300
1.	NAME OF Dope or Print)	Melchia	rH. se	chlerf			2. DATE OF DEATH	3.3.	1953.
A.		EATH: City, Maryland	Baltim	re City	A. STATE	DENCE (Wh			on : residence pefore admission
HC	SPITAL OR STITUTION	Sinai H		give street address location		OWN (If or	utside corporate	limits, write	RURAL and give township
1	Ath of a	tay in Baltimore	Ly	L Yrs.	200	DDRESS III	aral, give location	26	Tue
5.	SEX	6. COLOR OR RACE	WIDOWED	DIVORCED (Specif	8. DATE OF E	BIRTH -/91	9. AGE (In year last birthday)	s H Under I Yes Months Da	Hours Min.
		CUPATION (Give kind of by working life, even if) ctired)	108. KIND O	BUSINESS OR	11. BY THEL	CE State or for	vien country)		TIZEN OF HAT COUNTRY
To the second	FATHER'S N	· Sraw/na	0 00.		14 MOTHER	S MANDEN NAI	ME		
15 Yes	. WAS DECEASE , no or unknown)	ED EVER IN U. S. ARME (If yea, giva war or date	D FORCEST 1	6, SOCIAL SECURITY NO.	1). INFORMA	NT 1 10	1- 2	ADDREAS:	5
	no			CALLOR	Mary 6.	pchley	, 2008	Tage	ERVAL BETWEEN
	18. 44	SE OR CONDITION	DIRECTLY	100	OF DĚATH		Cat		SET AND DEAT
	(This does heart failu	LEADING TO DEA s not mean the mode are, asthenia, etc. It mes complication which	TH of dying, e.g., ans the discase,	(A) Cere	bral Vo	scular	accide	ut.	*****************************
7		ANTECEDENT CAU	SES	. H.	2. V. D				
ATIO	RISE TO T	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION L.	STATING THE	DUE TO					
				(C)	••••				
ERT	TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	Myoc	ardial	infa	rction	old.	
CAL				INDINGS OF OP	ERATION			Y	O, AUTOPSY?
FDIC		DENT WAS UNDER- R CONTRIBUTING DEATH	Dr. allers Com	OF INJURY (e. g , factory, atreet, office bld			in Baltimore C	ity, give exa	ct location)
2	21D. TIME INJURY	(Month) (Day) (Year	WHI	LE AT NOT WHI	LEIT	DID INJURY	OCCUR?		
	22. I hereb	by certify that I at live on 8. 3.				19.53, to 8	?. 3.	19 53 , that	I last saw th
	deceased a		, 19 53 . an	d that death occ	23B. ADDRESS	Im., from th	e causes and	on the date	DATE SIGNE
	23%. 010.11	Morris M	7. Gold			Hospital			. 3. 1953
Ty	AA. BURIAL.	CREMA- 24B. DATE Specify)	6/53	Lando	n Plc.	10RY 24b.10	CATION (City,	town, ar cour	(State
D	ATE RECEIVE	TRAR REGISTRAR	SIGNATUR		25. FUNERAL	DIRECTOR	the Jun	1 Edm	rondso
H	VS 150	2.1	0	200	Co	- out	7710		au
				00/0)				



F-325 53 7060

BALTIMORE CITY HEALTH DEPARTMENT

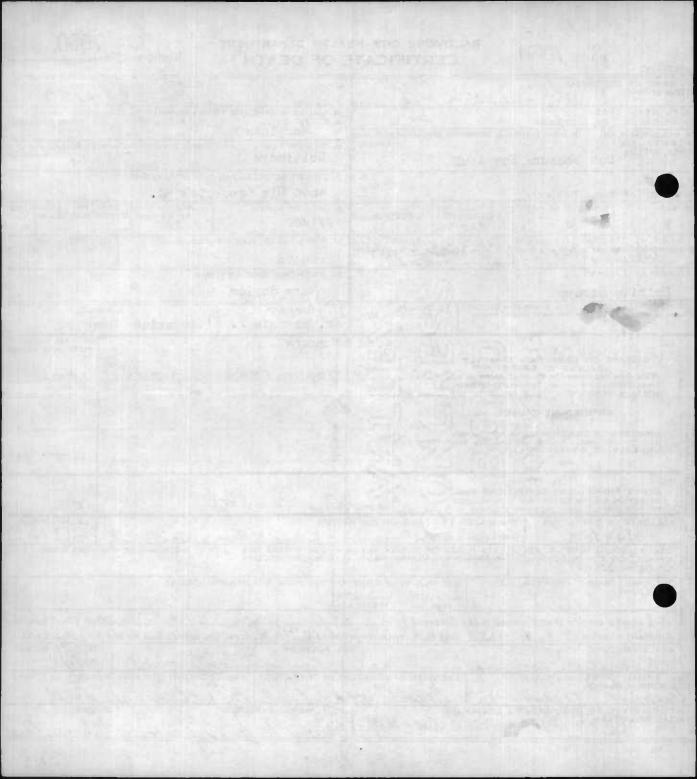
53 7060 Registered No.

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Elizabeth a. Fitz may OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Bon Secours Hospital D. STREET ADDRESS (If rural, give location Yrs. Mos. 4506 Old Frederick Rd. gth of stay in Baltimore Davs 9. AGE (In years a li Under I Year last birthday) Months Days Hours Min. 6 COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9/1/89 married 10A. USUAL OCCUPATION (Give kind of work done done to the following to the control of the contro DONKIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Balto 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Boylan Batrick Barnes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) Yeshno or unknown) SECURITY NO. Mr. Francis J. Fitzmaurice Same INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Carcinoma, head of pancreas heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF NJURY (e. g., in or about home, farm, factor), street, office bldg., etc.) | NJURY OCCUR? MEDICA (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE , 1953to_ __, 193 that I last saw the 22. I hereby certify that I attended the deceased from. 8/4, 1953. and that death occurred at 24 m., from the causes and on the date stated above. deceased alive on_ 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATOR (hty, town, or county) DATE RECEIVED BY FUNERAL DIREC ADDRESS REGISTRAR'S SIGNATURE

VS 150

690 6C

Tue.



CONTRACTOR . THE WALLEST AND A STREET OF THE STREET The state of the state of LI COME AS WITH CONTRACTOR SERVICES IN COLUMN miramon . 175 minimus Will £1 ... 2 The best of the state of the st . The rest of the second of th

ハールエフィ

53 7062 BALTIMORE CITY HE CERTIFICATE	
1. NAME OF DECEASED Worker Olko	wski of aug 4-1953
3. PLACE OF DEATH: A. Baltimore City, Maryland Galto, City	4. USUAL RESIDENCE (Where deceased lived, It institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street edites or location) INSTITUTION 1068, Reaester St.	
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural rive location)
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min
10A. USUAL OCCUPATION (Givekindof vork done during most of working life, even if retired) Labour Ruldung Jrackle	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Michael Oltowski	Kataryma /Yluga

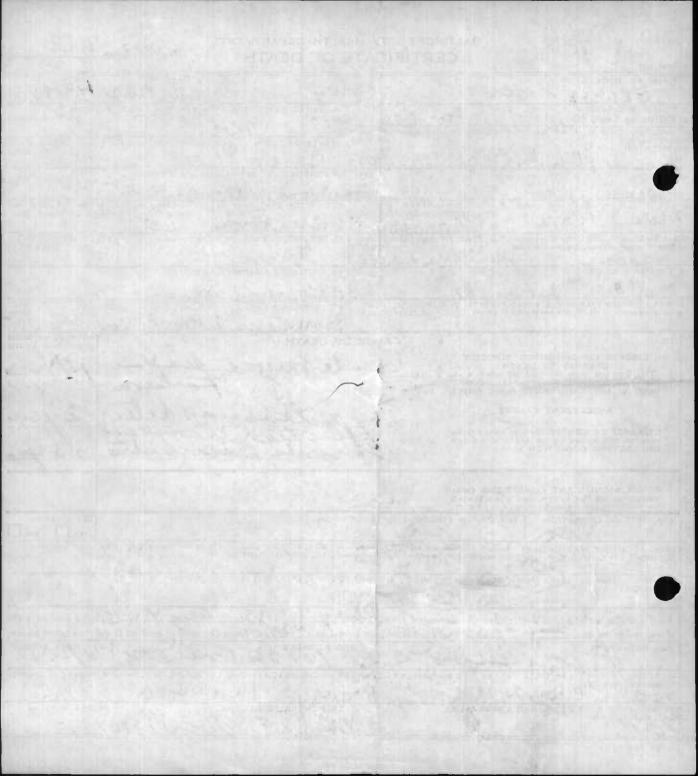
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., ln or 21c. WHERE DID LYING OR CONTRIBUTING) about home, farm, feetory, street, office bidg., etc.) INJURY OCCUR?	1. Properter
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYINGTOR CONTRIBUTING about home, farm, feetory, street, office bidg., etc.) INJURY OCCUR?	NTERVAL BETWEEN ONSET AND DEATH AND
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYINGTOR CONTRIBUTING about home, farm, feetory, street, office bidg., etc.) INJURY OCCUR?	
D LYINGT OR CONTRIBUTINGT about home, farm, festory, street, office bldg., etc.) INJURY OCCUR?	YES NO
CAUSE OF DEATH	e exact location)

TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE WORK , 19 Bthat I last saw the 22. I hereby certify that I attended the deceased from 19 3 and that death occurred at from the careses and on the date stated above. deceased alive on. 23A. SIGNATURE 23c. DATE SIGNED

24A. BURIAL CREMATION. BEMOVAL (Specify)

DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150



PLEASE WRITE

MARGIN RESERVED FOR BINDING

The

NARD- 412-1

1	10.0.14. 53-478020	BALTIMORE CITY HE		T 53 Registered No	7063
В	IRTH NO.	CERTIFICATI	E OF DEATH	registered 110	
(3	NAME OF DECEASED ype or Print) PLACE OF DEATH:	t Willia	A USUAL RESIDENCE	2. DATE OF DEATH (Where deceased lived, If	13,1953
A. B.	Baltimore City, Maryland	nstitution, give street address or location)	A. STATE	B. COUNTY (If outside corporate limits,	before admission)
11	JOHNS HOPKINS	HOSPITAL	Buttin	ma 11-6	township)
C	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS	Commenced and	mel St.
1		SINGLE, MARRIED, VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 5/14/44		nder I Year ths Days Hours Min.
10 wor	DA. USUAL OCCUPATION (Give kind of loss k done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	N. C.	r foreign country)	2. CITIZEN OF WHAT COUNTRY?
1:	Curtis Jenkins	•	14. MOTHER'S MAIDEN Laura Jenk		
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FOR (If yes, give wer or dates of set	CES? 16, SOCIAL SECURITY NO.	17. INFORMANT JOHN	IS HOPKINS HOSPI	ORESS
7	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which caused ANTECEDENT CAUSES	ng, e.g., (A) Cafe	claria Kessi	liea I liver	2 y 20
CATIO	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.		Peningeti	CERTIFICATION A	PI ROVED DI
ERTIFI	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED SEASE OR CONDITION CAUSING IT.			ritin. Ins	EDICAL EXAMINER!
AL C	19a. DATE OF OPERATION 19b. WAS	CONDITION FOR WHICH OF PERFORMED	CAUSE PART	RATION WAS RELATED TO OF OBATH, ENTER IN I OR PART II	YES NO
EDIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	218. PLACE OF INJURY (about bome, farm, factory, street, office	(e. g., in or 21c. WHERE DII bidg.,etc.) INJURY OCCUR	O (If In Baltimore City, g	rive exact location)
Σ	210. TIME (Month) (Day) (Year) (House OF INJURY	r) 21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	INJURY OCCUR?	
	22. I hereby certify that I attende	ed the deceased from	, 195/, to_		that I last saw the
	deceased alive on 19	M. D.	JOHNS HOPKINS	HOSPITAL	8 DATE SIGNED
2	4A. BURIAL, CREMA- 24B. DATE BUILDE (Specify) 8/6/53	Greenville	ERY OR CREMATORY 240	enveille, N. C.	or county) (State)
E	ATE RECEIVED BY REGISTRAR'S SI	GNATURE	25. FUNERAL DIRECTO	R 3202 D	ADDRESS

ION ARPROVED BY CAL EXAMINER AUTOPSY TO ER IN City, give exact location) 1953, that I last saw the on the date, stated above. DATE SIGNED (State) town, or county) C. ADDRESS Medicul Examiners Case released to Hospita)

Preumocacal meningities Diagnasi From Report Card

53 7064

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) POLNIA OF OKLIE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland BCOUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give HOME TALTIMORE (If rural, give location) Yrs. D. STREET ADDRESS Mos. DHIREY c. Length of stay in Baltimore Days 9. AGE (In years II Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY LTIMO PE . 5. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. YONE INTERVAL BETWEEN 18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT 19 that I last saw the 22. I hereby certify that I attended the deceased from. ____, and that death occurred at 3. 20 An., from the causes and on the date stated above. deceased alive on 8/153 19 23C DATE SIGNED

23A. SIGNATURE 23B, ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY / 24D. LOCATION (City, town, or county) BALTIMORE CENETERY BURIAL aug 7, 1953

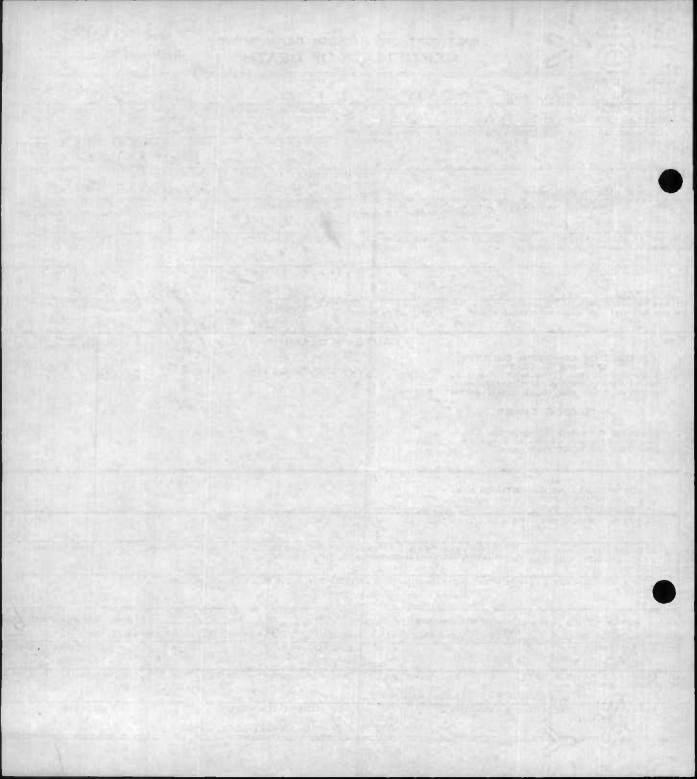
BALTIMORE

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

VS 150

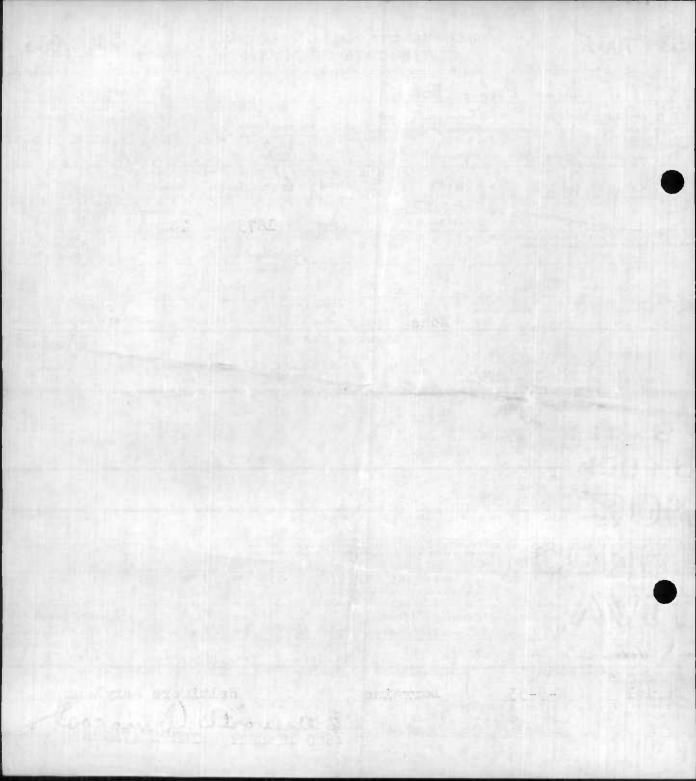


53 7065

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7065

DIETH NO	CERTIFICATI	E OF DEATH	Registered No	,	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Josephine Roerid	Tober		2. DATE OF DEATH	. 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 13atti	nou, ma.	4. USUAL RESIDENCE (W A. STATE many land	here deceased lived. If in B. COUNTY		
B. FULL NAME OF (If not in hospital or institution of institution) Wangland general Itorp	· location)		outaide corporate limits,	write RURAL and give township)	
Outh of ctor in Politimens 43 %	Yrs. Mos.	o. STREET ADDRESS (If r 4806 Haddon			
5. SEX 6. COLOR OR RACE 7. SINGLE	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years If Un last birthday) Mont	nder I Year If Under 24 Hours ths: Days Hours: Min.	
	dowed	Jan 16 1875	78		
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	M. BIRTHPLACE (State or for	reign country) 1	2. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
Barthold Rosing		marie Beh	aller		
15. WAS DECEASED EVER IN U. S. ARMBD FORCES? (If yes, give war or dates of service)	16, SOCIAL SECURITY NO. None	17. INFORMANT agnes ander		DRESS Haddon an 4	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Thia does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE OEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	(A) 14.0.0 DUE TO (B)		n pensation	INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING chout home, ferm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from 8/1, 1963, to 8/3, to 1953, that I last saw the deceased alive on 8/3, 1963, and that death occurred at 1:30 p.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED					
Valerian a B. Castil 24A. BURIAL, CREMA-1 24B. DATE 12	M. D.)	manyland gm. 11		8/8/53 r county) (State)	
Burial 8-5-53	Lorraine		Ltimore Mary		
DATE RECEIVED BY REGISTRAR'S SIGNATU	RE DE LIVE OF	25. FUNERAL DIRECTOR		COOL	
VS 150 009		4600 LIBERTY B	EIGHTS AVEN	IUE 1	



1000 VS 150

MARGIN RESERVED FOR BINDING

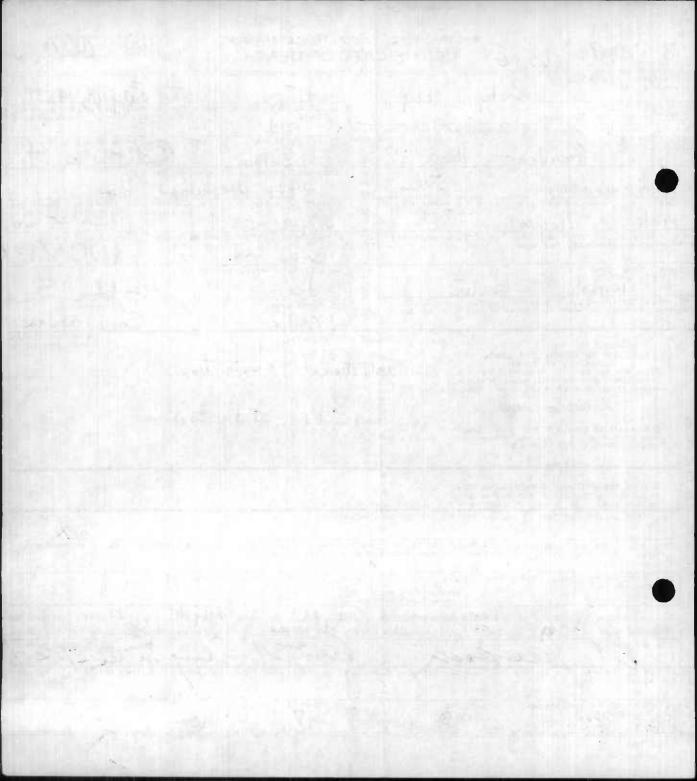
W-6	56
53	7066

53 7068

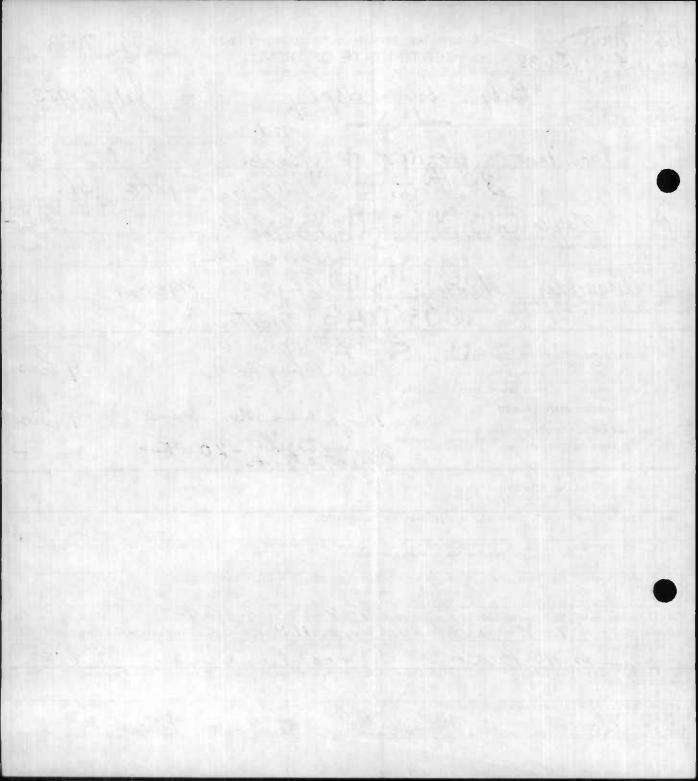
1 NAME OF		CLIVIII	10/11-0	F DEATH		
(Type or Print)	DECEASED Eva	Stewart War	ner		2. DATE OF DEATH AU	gust 1, 195
3. PLACE OF E	City, Maryland			ISUAL RESIDENC	E (Where deceased lived, 1 B. COUNTY	f institution : residence before admissio
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospital 2520 W. Fa	al or institution, give street	location) C. C	Md. ITY OR TOWN Baltimore		its, write RURAL and gi townshi
U W		7	2-Yrs. D. S.	TREET ADDRESS	(If rural, give location) Lyette St.,	10-03-
c. Length of s	stay in Baltimore	7. SINGLE, MARRIED.	Days II	ATE OF BIRTH		It linder 1 Year It linder 24 Ho
Female	White	Widowed Divorce Widowed	ED (Specify) Fel	.24,1881	72	H Under I Year H Under 24 Ho Onths Days Hours Mi
work done during most	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY		NDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
House-wife 13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
Franci	s W. Orrell		F.	Florence Stewart		
15. WAS DECEAS (Yes, no or unknown)	SED EVER IN U. S. ARMED (if yes, give war or date	FORCES? 16. SOCIAL SECUR	ITY NO	nformant	Orrell 2550 V	ADDRESS
RISE TO	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) LYING CONDITION LA	(B) F ANY, GIVING STATING THE DUE TO		selvotic	Cardio Vast.	lio.
Ē	II GNIFICANT CONDITIONS		0	0.01		
W DISEASE	DEATH BUT NOT I	it	benero		Herio Seleios	40
DISEASE OF THE COLUMN TO THE C	OF OPERATION 1		WHICH OPERA	TION IF O	PERATION WAS RELATED SE OF DEATH, ENTER T I OR PART II	IN YES NO
DISEASE OF 19A. DATE OF 19A. DATE OF CONTRIDENT (NO. 19A. DATE OF CONTRIDENT (NO. 19A. DEATH (OF OPERATION 1	9B. CONDITION FOR V VAS PERFORMED ING 21B. PLACE OF about home, farm, factor	INJURY (e. g., In	IF O CAUSE PAR	PERATION WAS RELATED SE OF DEATH, ENTER T I OR PART II DID (If in Baltimore City	IN YES NO
DISEASE OF TOPACH OF CONTRIDEATH (NO	OF OPERATION 1 DENT WAS UNDERLY! DENT WAS UNDERLY! DENT WAS UNDERLY! DENT WAS UNDERLY! OF OPERATION 1 WONTH WAS UNDERLY! WONTH WAS UNDERLY! (Month) (Day) (Year)	9B. CONDITION FOR WAS PERFORMED NG 21B. PLACE OF about home, farm, factor	INJURY (e. g., In y,street, office bldg., e	or 21c, WHERE I	PERATION WAS RELATED SE OF DEATH, ENTER T I OR PART II DID (If in Baltimore City	IN YES NO
DISEASE OF TOP A CONTRIBUTE OF INJURY	OR CONDITION CAUSING OF OPERATION 1 W DENT WAS UNDERLY IBUTING CAUSE OF OTIFY MEDICAL EXAMINE (Month) (Day) (Year)	9B. CONDITION FOR VAS PERFORMED ING 21B. PLACE OF about home, farm, factor R (Hour) 21E. INJURY WHILE AT WORK	INJURY (e. g., In y, street, office bldg., e	or 21c, WHERE ILE.) INJURY OCCU	PERATION WAS RELATED BE OF DEATH. ENTER T I OR PART II DID (If in Baltimore City) R?	YES NO VES NO VEST NO
DISEASE OF STATE OF S	OF OPERATION 1 1 W OPERATION 1 1 W OPERATION 1 1 W OPERATION 1 W OPERATION 1 1 W OPERATION 1 W OPERA	9B. CONDITION FOR VAS PERFORMED ING 21B. PLACE OF about home, farm, factor R (Hour) 21E. INJURY WHILE AT WORK	INJURY (e. g., in y, street, office bldg., e OCCURRED NOT WHILE AT WORK Tom 7-31 eath occurred	or 21c. WHERE IS INJURY OCCU. 21f. HOW DIE 21f. HOW DIE 21f. How DIE 21f. How DIE	PERATION WAS RELATED BE OF DEATH. ENTER T I OR PART II DID (If in Baltimore City) R? D INJURY OCCUR?	No ves No ves ves exact location) Sthat I last saw the date stated about
DISEASE 19A. DATE (19A. DATE (19A	OR CONDITION CAUSING OF OPERATION 1 DENT WAS UNDERLY! BUTING CAUSE OF OTHER MEDICAL EXAMINE (Month) (Day) (Year) by eertify that I attalive on ATURE	9B. CONDITION FOR VAS PERFORMED ING 21B. PLACE OF about home, farm, factor (Hour) 21E. INJURY WHILE AT WORK tended the deceased from 1953, and that deceased from 1953, and that deceased from 1953.	OCCURRED NOT WHILE AT WORK at h occurred 238. A M. D. 401	or 21c. WHERE INJURY OCCL. 21f. HOW DIE 21f. HOW DIE	PERATION WAS RELATED SE OF DEATH. ENTER TI OR PART!! DID (If in Baltimore City) PR? DINJURY OCCUR? DO TO THE CAUSES and on the causes and on	The yes No
DISEASE OF STATE OF S	OR CONDITION CAUSING OF OPERATION 1 DENT WAS UNDERLY! BUTING CAUSE OF OTHER MEDICAL EXAMINE (Month) (Day) (Year) by eertify that I attalive on ATURE	9B. CONDITION FOR VAS PERFORMED ING 21B. PLACE OF about home, farm, factor (Hour) 21E. INJURY WHILE AT WORK tended the deceased from 1953, and that deceased from 1953, and that deceased from 1953.	INJURY (e. g., in y, street, office bldg., e OCCURRED NOT WHILE AT WORK rom 7 - 3 eath occurred 238. A	or 21c. WHERE INJURY OCCL. 21f. HOW DIE 21f. HOW DIE	PERATION WAS RELATED BE OF DEATH. ENTER T I OR PART II DID (If in Baltimore City) R?	The yes No

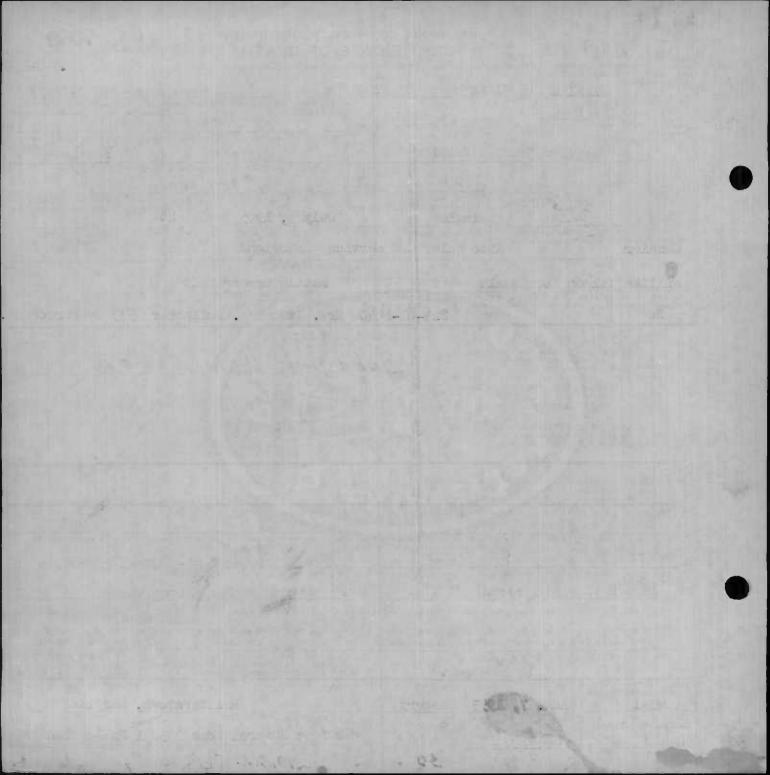
DI Jos. Dechelbaum 4017 Let 2/ ala Mo. 4 3865 distributed. ... ESSO W. Fayotte Str. N. Service Des and the state of the said 1181,03,00) The state of the second THE STATE OF THE PROPERTY OF THE RESERVE OF THE PROPERTY OF TH

BALTIMORE CITY HEALTH DEPARTMENT 393-16586 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Af not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore Weskupod Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year last hirthday) | Months: Daye If Under 24 Hours WIDOWED, DIVORCED (Specify) Hours Min. July 19 1953 20 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? balto, ma. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16malt 103 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL 17. INFORMANT (If yes, give wer or dates of service) Yes, no or uokoowo) SECURITY NO. INTERVAL BETWEEN 18. 17 CAUSE OF DEATH 62.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! WORK July 19 1953 to July 19 22. I hereby, certify that I attended the deceased from_ . 19 53 that I last saw the 7-10 . 1953 and that death occurred at 10: 10 pm., from the causes and on the date stated above. deceased above on_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BIRIAL, CREMA- 4B. DATE 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR ations VS 150



4-640 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 53-15638 1. NAME OF DECEASED 2. DATE. (Type or Print) OF DEATH 4. USUA RESIDENCE (Where deceased lived, if institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF Alf not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS MIf rural give location) Mos. c. Beigth of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (in years) If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kied of or or does during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUST 11 BLRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL SECURITY NO. ADDRESS (Yes, no or uoknown) (If yes, give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL 21B. PLACE OF INJURY (e.g., in nr (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from 7-8-53, 19 to 7-8-53, 19, that I last saw the deceased alive on 7-8-1953 and that death occurred at 11 P. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 7-9-53 24A. BUNIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE VS 150





BALTIMORE CITY HEALTH DEPARTMENT Registered No 7070 CERTIFICATE OF DEATH 1. NAME OF DECEASED
(Type or Print) DELLA CARBLINE DEGRAW 2. DATE OF 8/4/53

	DEATH / /					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission					
B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND -					
INSTITUTION UNION MEMORIAL HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
HILL ONION METTORINE MOSFITAL	BALTIMORE-12 2/- Porgrafia					
7 Yrs.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore . Mos. Days	318 WOODBOURNEAVE.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hear last birthday) Months; Days Hours Min					
TWS	8/13/1865 87					
10A. USUAL OCCUPATION (Give kind of OBER KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY					
REGISTERED NURSE -	NEW YORK WHAT COUNTRY					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
ANDREW W. DEGRAW	CLARISSA SCHAPPE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
VNKNOWN (If yes, give war or dates of service) SECURITY NO.	HELEN S. FISK SAME					
18. ILDAI CAUSE C	OF DEATH					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEAT					
(This does not mean the mode of dying, e.g.,	cordeal inforción 8 days					
heart failure, asthenia, etc. It means the disease,						
injury or complication which eaused death.) DUE TO	A CONTRACTOR OF THE PARTY OF TH					
ANTECEDENT CAUSES	ru anterinacterosis ?					
DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,						
(с)						
<u> </u>	0.4.00					
OTHER SIGNIFICANT CONDITIONS CON-	or librillation ?					
TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						
	or 21C. WHERE DID (If in Baltimore City, give exact location)					
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., et						
CAUSE OF DEATH						
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?					
m. WHILE AT NOT WHILE						
22. I hereby certify that I attended the deceased from 8/3/53, 19, to 8/4/53, 19, that I last saw						
deccased alive on 8/4/5 3, 19, and that death occurred at 7:11 A m., from the causes and on the date stated abo						
23A, SIGNATURE () 2:	38. ADDRESS					
Henry 2. Mock of - M.D. 9	mon 11 moval Hock, 8/4/53					
24A. BURIAL CREMA- 24B. DATE TION REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State					
Kemoral augs 1953	Hornell new York					

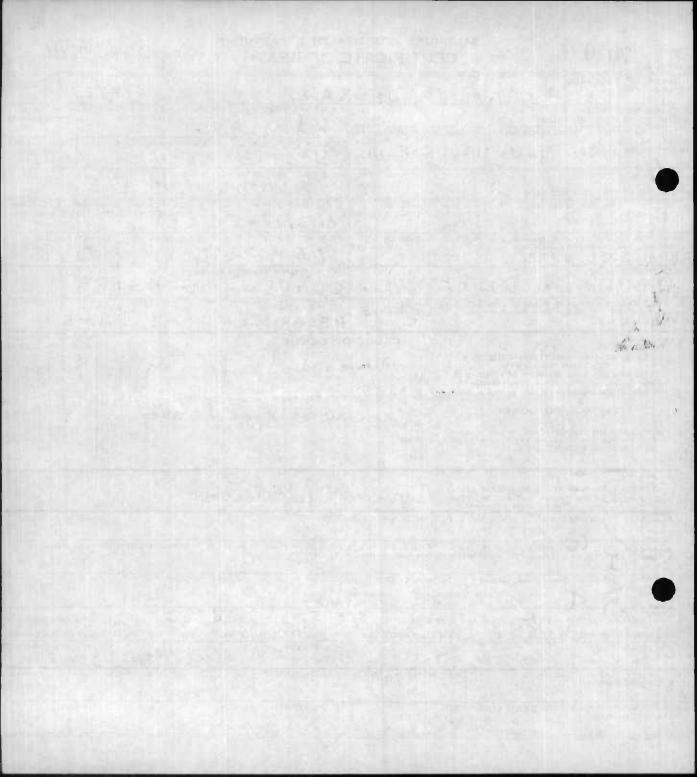
25/FUNERAL DIRECTOR

ADDRESS

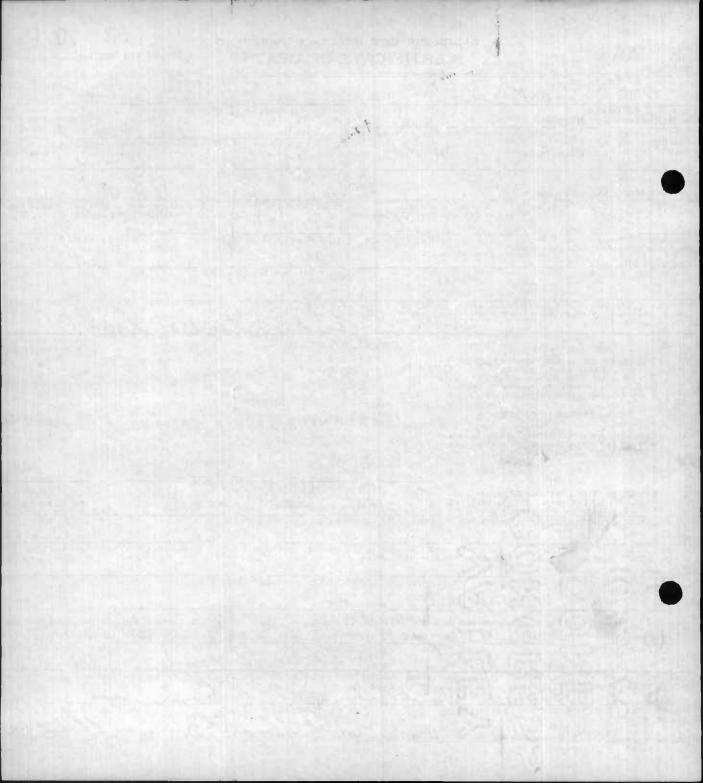
DATE RECEIVED BY LOCAL REGISTRAR

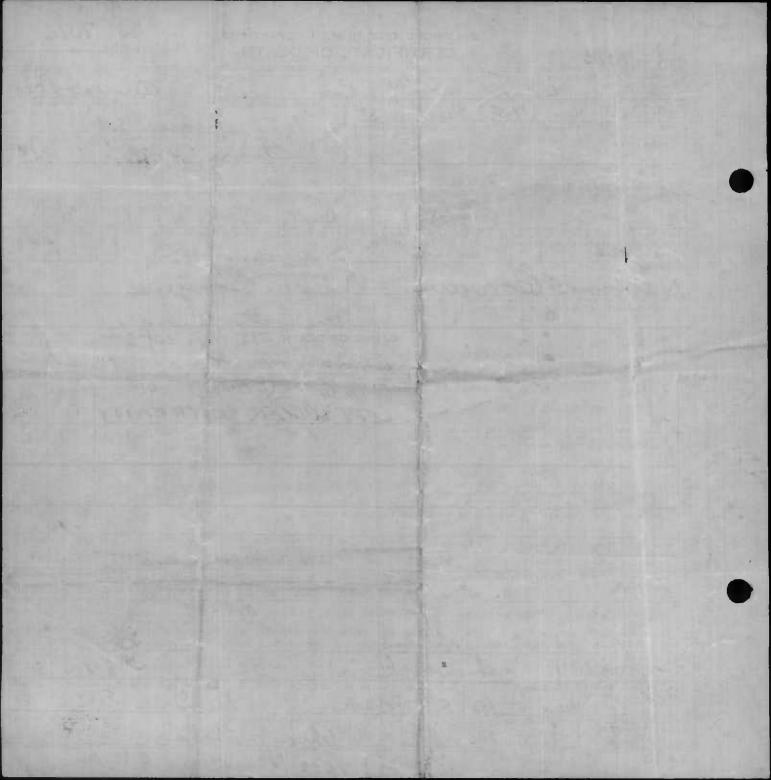
VS 150

REGISTRAR'S SIGNATURE



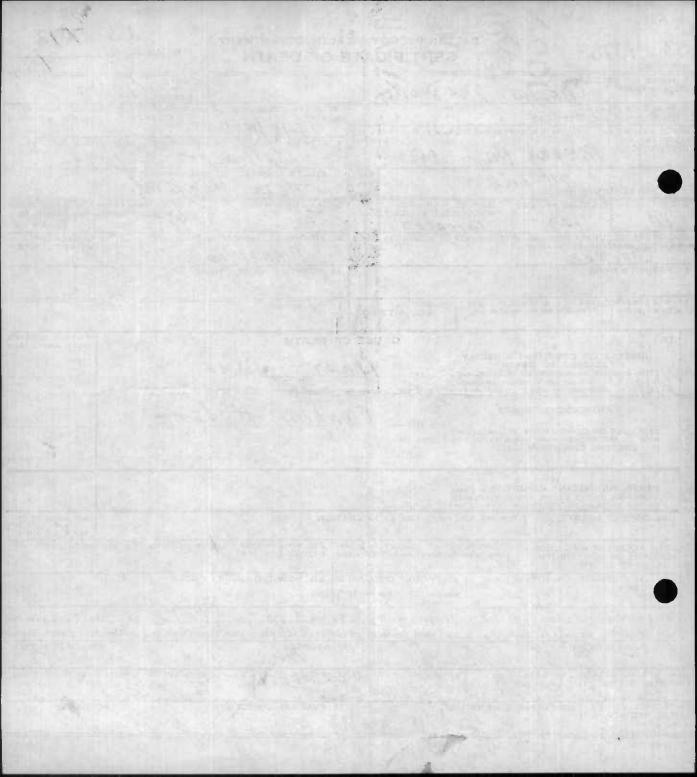
53 7071 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B_COUNTY before admission) (If not in hospital or institution, give street address or Imore B. FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION IMOVE D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year If Hader 24 Hours 9. AGE (In years) last birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY LOUSEWILL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. NTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK that I last saw the 22. I hereby certify that I attended the deceased from . and that death occurred at_ deceased alive on 3 19 m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24C, NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE 24D. LOCATION (City, town, or county) TION. REMOVAL (Specify) Course ADDRESS FUNERAL DIREC DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



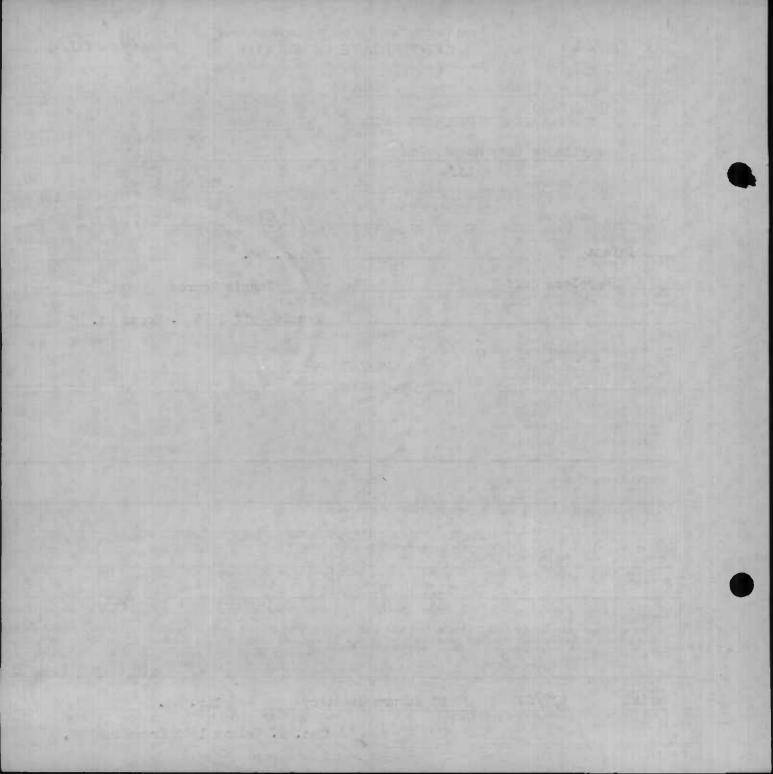


11,3:153 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) TIMO KK (If rural, give location Yrs. Mos. OKK Rd. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years) If Under I Year If Under 24 Hours last hirthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) AVORCED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH GEPATIC COMA

CIRRhesis of LIVER (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. CERTIFICA (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Q. TIME (Month) (Day) (Year) (Hour) NJURY NOT WHILE WHILE AT 6/27/53, 19_, to_ 13, 19_, that I last saw the 22. I hereby certify that I attended the deceased from. 44/13, 19, and that death occurred at 11:10 mm, from the causes and on the date stated above. deccased alive on_ 23C, DATE SIGNED 23A. SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) Quale DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS QCAL REGISTRAR VS 150



151



J-460 7075

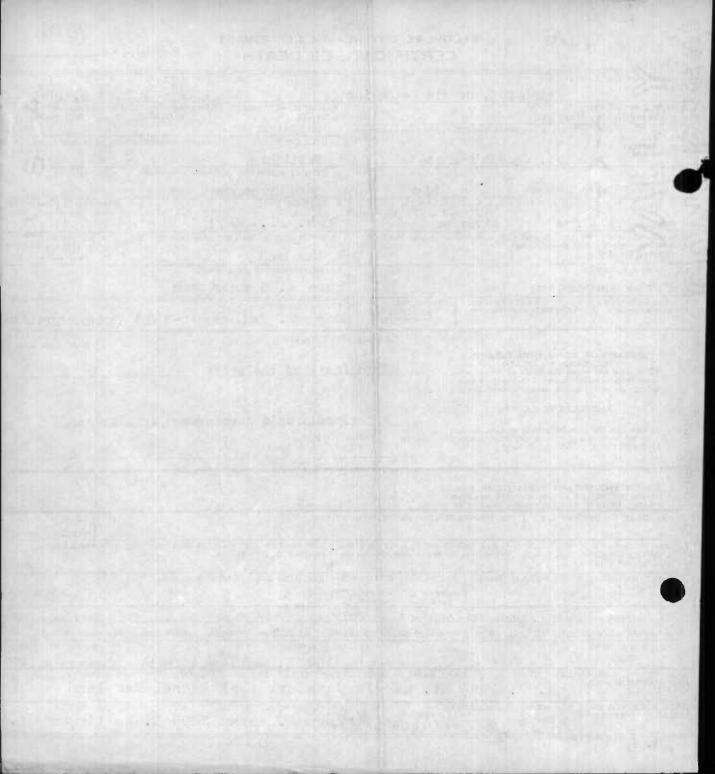
BIRTH NO. CERTI	FICATE	OF DEATH	Registered N	10
1. NAME OF DECEASED			2. DATE	
(Type or Print) Mr. SAMUEL TILLERS			DEATH 8	3/53
a. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE A. STATE	E (Where deceased lived, If B. COUNTY	institution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION	et address or location)	c. CITY OR TOWN	(If outside corporate limit	
Morey Hoch Inc		BalTimor	. 13.	- o 4 township)
c. Ogth of stay in Baltimore #0	Mos. Days	D. STREET ADDRESS	(If rural, give location)	2 12 13
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED	D.	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year If Under 24 Hours
14 Calored Marrie	1	14-1-01	47	nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSIN work done during most of working life, even If retired)	INDUSTRY	11. BIRTHPLACE (State	0.	12. CITIZEN OF WHAT COUNTRY?
lalieres Construct	ion	N. Card		2SA
13. FATHER'S NAME Pelious Tillery		May Hu	nter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA (Yes, no or unknown) (If yes, give war or dates of service) SECUI		17. INFORMANT	aughter A	DDRESS
unlarge.	RITY NO.	Mrs Carrie	Carrie	(as above)
18. 581.0	CAUSE C	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	910			ONSE! AND DEATH
(This does not mean the mode of dying, e.g., (A)	Way.	satir Co	me	3 denyo
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	0			
ANTECEDENT CAUSES		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	
	Ciss	liesis of	a lines	= 104m==
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		0		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	**********			
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A, DATE OF OPERATION 19B, MAJOR FINDINGS	OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJ	URY (e.g., in	or 21c. WHERE DID	(If in Baltimore City,	
LYING OR CONTRIBUTING about home, farm, factory, str CAUSE OF DEATH	reet, office bldg., e	to.) INJURY OCCUR?		
210. TIME (Month) (Day) (Year) (Hour) 21E. INJUR	Y OCCURRE	ED 21F. HOW DID IN	JURY OCCUR?	
m. WHILE AT WORK	AT WORK			
22. I hereby certify that I attended the deceased j	from 6/	12 , 1953, t	0 \$ / 3 , 195	3, that I last saw the
deccased alive on 8/3, and that d	leath occur	red at 9:25 Am., fr	om the causes and on t	he date stated above.
23A. SIGNATURE	2	3B. ADDRESS		23C. DATE SIGNED
Maria Maria Maria	M. D.	Morey RY OR CREMATORY 2	4D. LOCATION (City, town,	or county) (State)
TION, REMOVAL (Specify)	alvery		Brooklyn Md.	, de county) (boate)
Burial 8/6/1953 Mt Cs	Treil	25. FUNERAL DIRECT		ADDRESS
LOCAL REGISTRAR	13.0	PT PT T	1. 1014	41 Brently
ICE WAR A MANAGEMENT OF THE PARTY OF THE PAR	ME	100	1/1/100	W.
VS 150 Thertugler Williams	2211	211/11/	1 Mayor	1
0 97	Voiny			

And the Lorentz Committee of the Lorentz Commi R-5637076

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7076
Registered No.

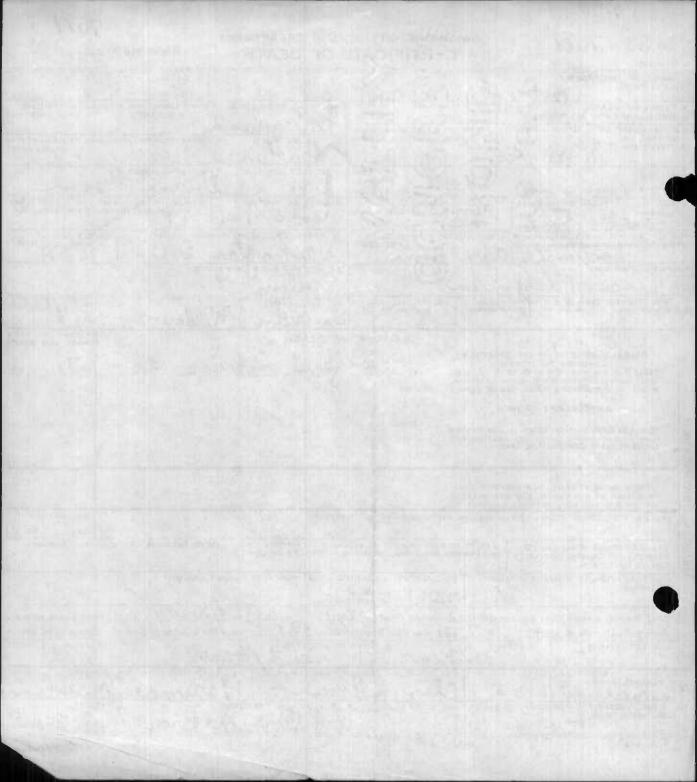
В	RTH NO.			CERTIFICATI	E OF DEATH			
	NAME OF D	ECEASED				2. DATE		
(1	'ype or Print)	Reinhar	rdt. Be	ssie Katherine		DEATH AUS	gust 4.	1953
Α.		EATH: City, Maryland			4. USUAL RESIDENCE (W		If institution:	residence re admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland			
IN	ISTITUTION	St. Jos	seph's	Hospital	c. CITY OR TOWN (If Baltimore	outside corporate lin	nits, write RU	RAL and give township)
Ó	11			Yrs.	D. STREET ADDRESS (If	rural, give location)		
Ų		tay in Baltimore		Life Mos.	3814 Greenmoun			
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours
	Temale	White	Divor		Feb. 11,1893	60		
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZ	EN OF
WO11	Housew			INDUSTRY	Maryland		YHAT	· A .
13	FATHER'S				14. MOTHER'S MAIDEN NA	AME	1 0.0	• 2 1 4
	Frank !	Habercam						
15		D EVER IN U. S. ARMET	FORGER	1.10.000	Rose A. Cumnin	gnam		
(Ye	, no or unknown)	(If yes, give war or date	of service)	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No				Mary V. Reinha	rdt-3814	Greenm	ountAve
CERTIFICATION	(This does heart failu: injury or DISEASES RISE TO TOUNDERLY OTHER STRIBUTING TO THE DI	I CONDITION LEADING TO DEAT not mean the mode or et, asthenia, etc. It mea complication which complication which complication which complication complication to the complication Laurent Condition Laurent Condition Laurent Condition Laurent Condition Condit	TH f dying, e. g ns the disease aused death ES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT	(a) Throm (b) DUE TO (c) Arter (c)	of DEATH cosis of the brain iosclerotic cardi		isease	AL BETWEEN AND DEATH
AL	1011. 27112. 0	7	ob. MAGON	FINDINGS OF OPER	ATTON		YES Y	UTOPSY
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER. R CONTRIBUTING	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (I	f in Baltimore City		
2	PID. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	-1-31-78-	
	INJURY		m.	WHILE AT NOT WHILE				
	22 7 1] 10 1		۲۵	
(c)	22. I nereo	y certify that I att	ended the	deceased from UL	ly 19 , 19 53 to Au	gust 4 , 19	that I li	ast saw the
	acceasea at	ive on August L	ا, 19_5, ا	and that death occur	red at 2:10a m., from th	re causes and on		
	23A. SIGNAT		2 +		38. ADDRESS	12000	23c. DA	TE SIGNED
2	AA. BURIAL, C		anlia		1400 N. Carolin	e Street	Augus	1,1953
TI	N REMOVAL (S Burial	pecify) Aug. 7,		St. Mary's	Cemetery Balt	imore, Ma		(State)
	ATE RECEIVED CAL REGIST				John A. Moran	3000 E. B	ADDRESS altimo	
	AMA	1953	0					



BALTIMORE CITY HEALTH DEPARTMENT

	53	7077	
Regis	tered N	No	
2. DATE OF DEATH	84	15	
Where deceased	lived. If	institution: re	sidence

BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED BETTY F. Wilder	2. DATE OF DEATH SUN
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Sivai 405P.	
ngth of stay in Baltimore 24 yr. Mos. Days	o. STREET ADDRESS (If Jural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years it Under 1 Year Months Days Hours Min. 3 Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of vork done during most of working life, even if stired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPPACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ste gesse Flegman	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ordates of service) SECURITY NO.	Dr. Milton & Wilder - 3412 Shelburne
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATEO	of DEATH Sisease Interval Between onset and OEATH 7/2 yrs
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT WORK NOT WHILE AT WORK	
deceased alive on Lug 4, 19, 5, and that death occur	rred at \$15 f. m., from the causes and on the date stated above. 23B. ADDRESS ADDRESS 23C DATE SIGNED
24A. BURIAL CREMA- 24B. DATE TICH, REMOVAL (Specify) 1 5 3 Chique U	Meno Latting Maryland
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Sol Turnson Broz-1124-26 W. Nott
JG 5vs 15000 Villaman My	aneny



	RTH NO.			ERTIFICAT			
1. (Ty	NAME OF D pe or Print)		ert Crow	lev		2. DATE OF DEATH AUG.	4 1053
	PLACE OF D				4. USUAL RESIDENCE A. STATE	(Where deceased lived, If	
HO	SPITAL OR	OF (If not in hospital Baltimore 4940 East	City He	spitals location)		(If outside corporate limits	s, write RURAL and give
C 1	Longth of s	tay in Baltimore	life	Yrs. Mos.	o. STREET ADDRESS	47	#20
5. 5	sex	6. COLOR OR RACE	7. SINGLE.	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years) H	Under 1 Year If Under 24 Hours nths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	IOB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o		12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S	Frederick C	rowley		14. MOTHER'S MAIDEN	NAME Jones	
15. (Yes,	WAS DECEAS no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. 4940	Eastern Ave. (records)
Z	(This does heart failu injury or	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c	TH If dying, e.g., Ins the disease, Laused death.)	OUE TO	r Phousenia	s Large bowel	ONSET AND DEATH
RTIFICATION	(This does heart failuinjury or DISEASE: RISE TO TUNDERLY	LEADING TO DEAT into mean the mode of the authority of the mode of the authority of the mean complication which complication which complication which complication with the above cause (a) (ING CONDITION LA) Illustricant conditions	ITH If dying, e. g., ns the disease, eaused death.) SES FANY, GIVING STATING THE STATING THE CONTRIBUTI	(A) Lebarous Toberous Toberous Toberous To	r Phousenia reuleus Esteriti sary Tuberculesi		ORSELT AND GEAT
L CER	(This does heart failus in jury or DISEASE: RISE TO TUNDERLY OTHER SIGNOTHER	LEADING TO DEAT I not mean the mode of the properties of the complication which complication which complication which complication which complication which complication which complication is consistent to the complete of t	ITH If dying, e.g., ns the disease, caused death.) EES F ANY, GIVING STATING THE ST. CONTRIBUTI RELATEO TO IT.	(A)	reulous Enteriti	ERATION WAS RELATED TO	o 20. AUTOPSY?
EDICAL CER	(This does heart failt in jury or DISEASE RISE TO TUNDERLY OTHER SIGNOTHER SIGNO	LEADING TO DEAT I not mean the mode of the properties of the complication which complication which complication which complication which complication which complication which complication is consistent to the complete of t	GES CONTRIBUTI RELATEO TO STATING THE CONTRIBUTI RELATEO TO STATING THE ST. CONTRIBUTI RELATEO TO STATING THE STATI	(A)	reulous Enteriti	RATION WAS RELATED TO TO GEATH, ENTER IN LORD PART III	O 20. AUTOPSY? N YES NO
MEDICAL CER	OTHER SIGNATURE OF CONTRIBUTION OF CONTRIBUTIO	LEADING TO DEAT inot mean the mode ore, asthenia, etc. It means the mode of the state of the sta	rh f dying, e.g., ns the disease, raused death.) EES F ANY, GIVING STATING THE STT. CONTRIBUTI RELATED TO 15 (17.) 9B. CONDITION OF THE STT. NG 21B. P about hom R) (Hour) 21B.	(A)	PERATION IF OPE CAUSE PART (e.g., in or bldg, etc.) INJURY OCCUR ED 21F. HOW DID I	RATION WAS RELATED TO TO GEATH, ENTER IN LORD PART III	O 20. AUTOPSY? N YES NO
MEDICAL CER	OTHER SIGNOCONTRIBE OF INJURY	LEADING TO DEAT INTO THE ANTECEDENT CAUSE OF CONDITIONS, IF AND CONDITION LA CONDITION LA CONDITION LA CONDITION CAUSING FOPERATION BUT WAS UNDERLY WE CAUSE OF THE WAS UNDERLY WAS UN	rh f dying, e.g., ns the disease, raused death.) ses F ANY, GIVING STATING THE STATING T	OUE TO (B) Trobe: OUE TO (C) Pulmo: NG THE ON FOR WHICH O AC, farm, factory, street, office E. INJURY OCCURR HILE AT NOT WHI WORK AT WOR Cecased from ad that death occu	PERATION IF OPE CAUSE PART (o. g., in or Shidg., etc.) INJURY OCCUR ED 21F. HOW DID IN CAUSE PART (o. g., in or Shidge, etc.) INJURY OCCUR T-17 , 1953, to rred at 4:304 n., from	ERATION WAS RELATED TO OF OBATH. ENTER IN 1 OR PART II DO (If in Baltimore City, ?	20. AUTOPSY? N YES NO give exact location) 3 that I last saw the date stated above
MEDICAL CER	OTHER SIGNA OTHER	LEADING TO DEAT INTO THE MEDICAL PROPERTY OF THE MEDICAL EXAMINE TO THE THE MEDICAL EXAMINE TO THE MEDICAL EXAMINE TO THE MEDICAL EXAMINE	CONTRIBUTI RELATED TO SITE GENERAL CONDITION (Hour) Cended the de 19 53 am	OUE TO (B)	PERATION IF OPE CAUSE PART (a.g., in or Shidge, etc.) INJURY OCCUR TO THE CONTROL OF THE CAUSE PART (A.g., in or Shidge, etc.) INJURY OCCUR TO THE CONTROL OF THE CAUSE PART (A.g., in or Shidge, etc.) INJURY OCCUR TO THE CONTROL OF THE CAUSE PART (A.g., from 23B. ADDRESS 4940 Eastern Ave	ERATION WAS RELATED TO FORATH, ENTER IN 1 OR PART III DO (If in Baltimore City, ? 8-4, 195 In the causes and on the causes and on the causes. Md	20. AUTOPSY? N YES NO give exact location) 3that I last saw the date stated above 23c. DATE SIGNED 8-4-1953
MEDICAL CER	OTHER SIGNA OTHER	LEADING TO DEAT IN TO THE ADDRESS OR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA CONDITION CAUSING TO PERATION TO THE CONDITION CAUSING TO THE CAUS	CONTRIBUTI RELATED TO SITE GENERAL CONDITION (Hour) Cended the de 19 53 am	(A)	PERATION IF OPE CAUSE PART (e.g., in or Shidg., etc.) 7-17	ERATION WAS RELATED TO OF OEATH, ENTER IN 1 OR PART III DO (If in Baltimore City, ?? 8-4, 195 In the causes and on the causes and on the causes and on the causes and the causes are caused to the causes and the causes are caused to the causes and the causes and the causes and the causes are caused to the causes and the causes and the causes are caused to the causes and the causes are caused to the causes and the causes are caused to the causes and the causes and the causes are caused to the causes and the causes are caused to the caused to the causes are caused to the cau	3that I last saw the date stated above 23c. DATE SIGNED 8-4-1953 or county) (State)

ART THE SHALL STONE STREET, STORY A STATE OF THE STA Bank to the test of the country of a tradeline for the land The table of the second second

CERTIFICATE AMENDED

The

BINDING

FOR

RESERVED

Jo

item

UNFADING MARGIN

WITH

PLAINLY.

Enternation of the contract of

telefarin itti, sainallate ee faat sital

AND REAL PROPERTY AND ADDRESS OF THE PARTY O

ate late phinted

AND THE PROPERTY SHELLINGS

The same and the

MARGIN RESERVED FOR BINDING

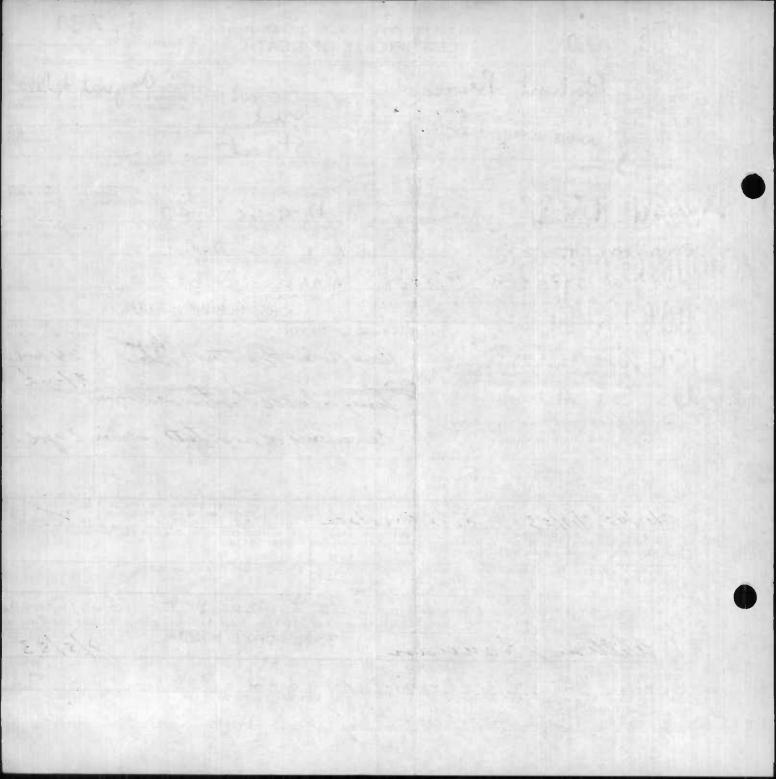
The

7	1 20 1
1-0	640
53	7080
O14 11-01	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	7080
Registered	No.

1	BIRTH NO.													
	1.	NAME OF Dipe or Print)	ECEASE	hent	Pie	me.					2. DATE OF DEATH	Thum	at 4	1953
	A.]	Baltimore C	N.F. makit	aryland	rac	ly 2	44	4. USI	JAL RESI	DENCE (V	Where deceased B. COU	iived. Mins	titution : befor	re admission)
-	HO	SPITAL OR	JOH	INS HOPK	INS HOS	ion. give street a	location)	c. CIT	Y OR TOV	VN (III	outside corpor	ate limits, w	rite RUI	RAL and give township)
		Tanada af a		Daltimana		4	Yrs.	D. STR	EET ADD	RESS (If	rural, give loca	ition)	200	
		Length of s		OR OR RACE	WIDOW	E. MARRIED, VED, DIVORCE			E OF BIR		9. AGE (In ;	years II Und day) Month	er I Year B Days	Hours Min.
-	10/ rork			ON (Give kind of life, even if retired)	108. KINE	OF BUSINES	S OR DUSTRY	1 1		E (State or f	oreign country) 12	CITIZI WHAT	EN OF COUNTRY?
	13.	ACKSM FATHER'S		1				14. MC	THER'S	MAIDEN N				
	15.	Mareu WAS DECEASI	D EVER	Ackso IN U. S. ARMEE	FORCES?	16. SOCIAL	<u> </u>	-	N P		cott	ADD	RESS	
	(Yes.		(11 yes	s, give war or dates	ot service;	SECURIT		05.05		NS HOP	KINS HOSE	PITAL	INTERV	AL BETWEEN
		DISEAS	E OR	I CONDITION NG TO DEAT	DIRECTLY		Perse	OF DE		lett	- 4 7/a	got		who beath
		(This does heart failu	not me re, asthe	an the mode onia, etc. It mea ation which c	f dying, e. : ns the diseas	g., (A)#. se,							7/	wk
	Z			EDENT CAUS		(B)	lung	gal	ceso	, an	tircos	linos	ė	
	CATION	RISE TO T	HE ABOY	ONDITIONS, II VE CAUSE (A) ONDITION LA	STATING T		Care	uun	ue of	pro	tate,	solvie	8	yrs.
	ERTIFI	TO THE	DEATH	II IT CONDITIONS I BUT NOT I	RELATED TO	UTING O THE								
	7.			RATION 1	98. COND	OF JOY	osta	re		PART I	ATION WAS RE OF DEATH, E OR PART II	ENTER IN	YES E	NO
	EDIC/	OR CONTRIE	BUTING	CAUSE OF	NG 218	B. PLACE OF II home, farm, factory,	NJURY street, office	(e. g., in or e hldg., etc.)	21c. WH INJURY	OCCUR?	(If in Baltimo	ore City, gi	ve exact	location)
	Σ	210. TIME OF INJURY	(Month)	(Day) (Year)	(Hour)	WHILE AT WORK	NOT WHI	ILE	21F. HO	NI DID IN	JURY OCCUF	₹7		
7				E - 11	tended the	deceased fro	om	8-	11 058	53, to_	8-4-	_, 1953,	that I l	last saw the
		deceased a	THRE.	/	1.	u ana inai dea	M D	23 #10 1	N5 ⁵ HO	PKINS L	OSPITAL		23C. DA	TE SIGNED
0	TIC	A. BURIAL,	CREMA- Specify)	24B. DATE		24c. NAME OF	24			,	B P I _ n	ity, town, or	county)	(State)
	DA	OF A	D BY	REGISTRAN	S SIGNAT	ISEL AII	MD		L GA Pa	DIRECTOR	4D 1	1 A	DDRES	s
W	E	VS 150) 1	Turting	low /	Mieus.	M3P	Josep	W	Jostu	Bel	air	, /	VUJ.



MARGIN RESERVED FOR BINDING

た	-3	46
	53	7081

BALTIMORE CITY HEALTH DEPARTMENT

52	17004
Registered No.	100 T

E	IRTH NO.	CERTIFICATI	E OF DEAT		
1	NAME OF DICEASED Type or Print)	ttler, Anna Katherin	e	2. DATE OF DEATH 8.4	•53
A	Baltimore City, Maryland		A. USUAL RESID	ENCE (Where deceased lived. If B. COUNTY Baltimor	before admission)
1 +	OSPITAL OR	location)	Baltimore.	(If outside corporate limit	
	. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDR	ESS (If rural, give location) erick Avenue #20	
	ale White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRT	H 9. AGE (In years	Under 1 Year If Under 24 Hours nths Days Hours Min.
1 wg	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired Floor Manager	108. KIND OF BUSINESS OR		State or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
1	John Gebhardt		14. MOTHER'S MA		
(Y	5. WAS DECEASED EVER IN U. S. ARME es, no or unknown) (If yes, give wer or dat NO	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Al Kettler 5509 Gwomn	DDRESS
RTIFICATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (A) Carbual vascular accident onset and Death (A) Carbual vascular accident of days. (B) Huntifureure - auteuroductic C-U during Due To (C)				
CERTIF	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSIN	RELATED TO THE			
CAL	0	19B. CONDITION FOR WHICH OF WAS PERFORMED		IF OPERATION WAS RELATED T CAUSE OF DEATH, ENTER I PART I OR PART II	N YES NO
MEDIC	21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMIN	F about home, farm, factory, street, office	e.g., in or 21C. WHE bldg., etc.)	RE DID (If in Baltimore City, DCCUR?	give exact location)
	21D TIME (Month) (Day) (Year OF INJURY) (Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE M. WORK AT WOR	LE	DID INJURY OCCUR?	
	22. I hereby certify that Lat deceased alive on 4	_, 1953, and that death occur	rred at YFY m	3, to P-4, 193, from the causes and on the	
		1. Walker M.D.	3B. ADDRESS	us Hospital	or county) (State)
I	AA. BURIAL, CREMA- ON, REMOVAL (Specify) Burial 8/7/53	Loudon Park	0	Baltimore Md.	
	OCAL REGISTRAR	s signature	Am Q. Just	mer & Son Inc. B	allo med
1	UG và 150333	29	06C -	Trape of the second	1614.44.44

THE THE PARTY OF T AND THE COURSE OF THE COURSE O Land on many ... , OPIAL FREE S

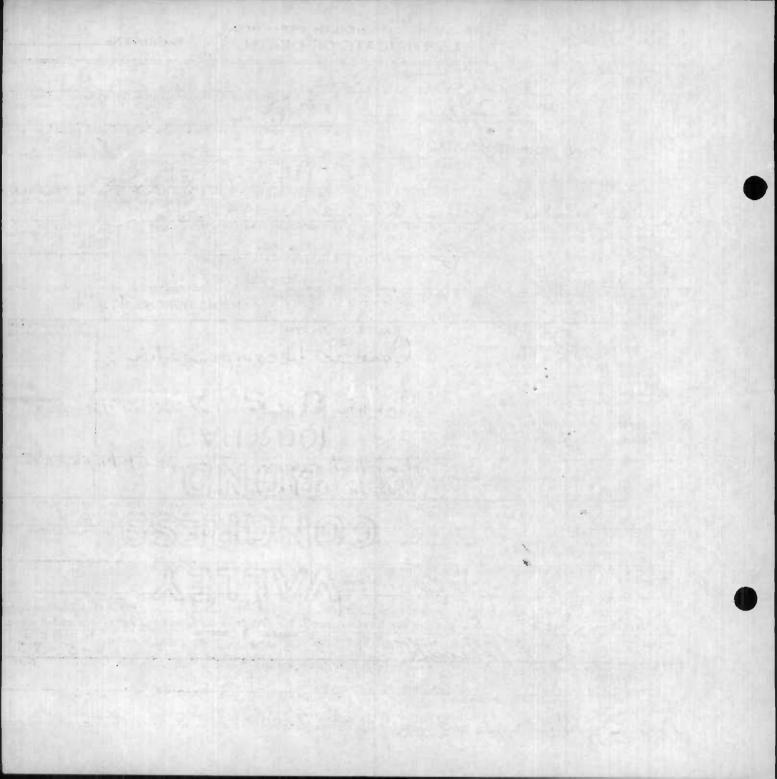
MARGIN RESERVED FOR BINDING

	H-	2.0	0
53	尺-10	82	

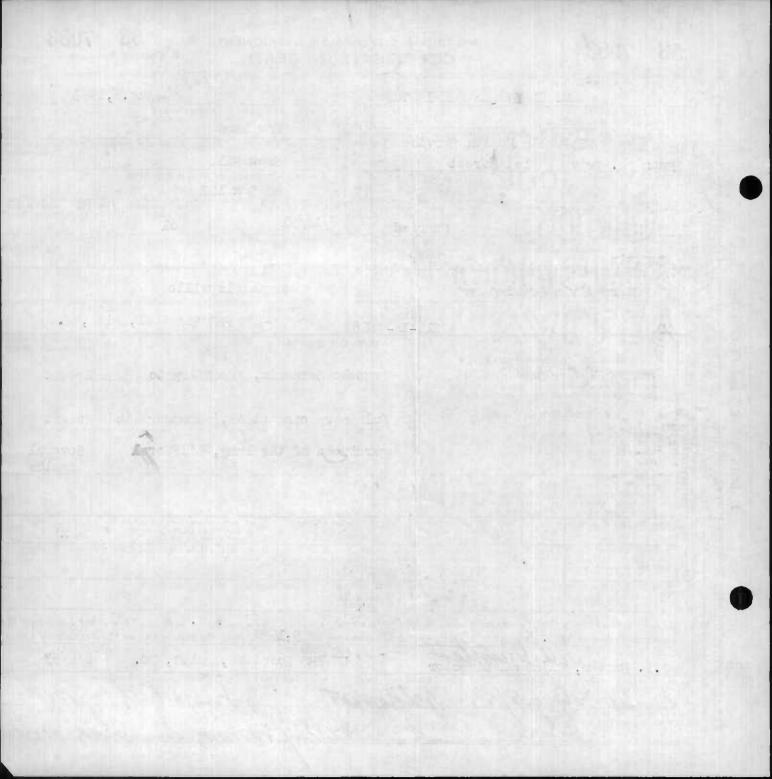
BALTIMORE CITY HEALTH DEPARTMENT

7082

		1082	C	ERTIFICA	ATE OF	DEATH		Registered No	1000	
	. NAME OF D	ECEASED _					12.	DATE A.		
(Type or Print)	9	narga	ret	12000			OF OMA	.5,1953	
A	B. PLACE OF DEATH: A. Baltimore City, Maryland Q 30 N					4. USUAL RESIDENCE (Where deceased lived. If in titution: residence before admission)				
I-	s. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION					C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
	3.3	JOHNS HOPK	INS HOSPIT			Baltimore 15-0 4township)				
0	. Length of s	tay in Baltimore)	Yrs. D. STI Mos. Days	1840	V. J.	give location)	9	
100	Tamola	6. COLOR OR RACE	WIDOWED	ARRIED.		-30-18		AGE (In years	nder 1 Year H Under 24 Hours the Days Hours Min.	
1	OA, USUAL OC	CUPATION (Give kind of working life, even if retired	1 108. KIND O	F BUSINESS O		RTHPLACE (State	e or foreign	country) 1	2. CITIZEN OF	
	Home		No	ne	Bal	to. Md.			USA COUNTRY	
1	3. FATHER'S N		14. M	THER'S MAIDE	N NAME					
-		aron Rubin	D FORGES			Unknown				
(Y	15. WAS DECEASED EVER IN U, S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)			6. SOCIAL SECURITY N ONE	17. IN	JOHNS HOPKINS HOSPITAL				
NOIT	CLEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Cardiac Decompensation (A) Cardiac Decompensation (B) Chronic Lyputenium Heart Disease (B) Chronic Lyputenium Heart Disease									
CA	(C)									
FRTIFICAT	DISEASE O	II SNIFICANT CONDITION: DEATH BUT NOT OR CONDITION CAUSIN	RELATED TO T		stent p	analytic ellitus,	Lleu	es post N	vaprieciony	
CALC	19A. DATE O	F OPERATION	198. CONDITION	N FOR WHICE	H OPERATIO	CAUS		WAS RELATED TO EATH, ENTER IN ART II	YES NO	
FDIC	OR CONTRIE	ENT WAS UNDERLY BUTING CAUSE O TIFY MEDICAL EXAMIN	F about hom	LACE OF INJUI		21c. WHERE I	DID (If it	Baltimore City, g	rive exact location)	
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK					21f. HOW DIE	YAUCNI C	OCCUR?		
	22. I hereby certify that I attended the deceased from 76, 1953 to 8 5, 1953 that I last saw the deceased alive on 5, 1953 and that death occurred at 1, 1953 m., from the causes and on the date stated above.									
	23A, SIGNA	TURK L	Mec	utt	23B. AD	DRESS HNS HOPKI	NS HO	SPITAL	23c. DATE SIGNED 8-5-53	
1	ON. REMOVAL	CREMA- 248. DATE Specify)	24	. NAME of CEN	METERY OR	REMATORY 2	4D. LOCA	TION (City, town, o	r county) (State)	
-	Cremat		I S SIGNATURE	oudon Pk	Cremato	TY INERAL DIRECT		nore, Md.	ADDRESS	
	LOCAL REGIST	TRAR	R S SIGNATURE		/	A MOLO	1	0 0	il ms	



VS 150



The	
supplied.	legibly.
carefully	legibly.
d be	and
lnous u	learly
rmatio	death o
inf	of of
Jo w	auses
ite	he c
Every	write t
INK.	please
UNFADING	ge is especially important. Physicians: please write the causes of death clearly and legibly.
WITH	ortant.
NLY	imp.
PLAI	pecially
ITI	es
WR	se II

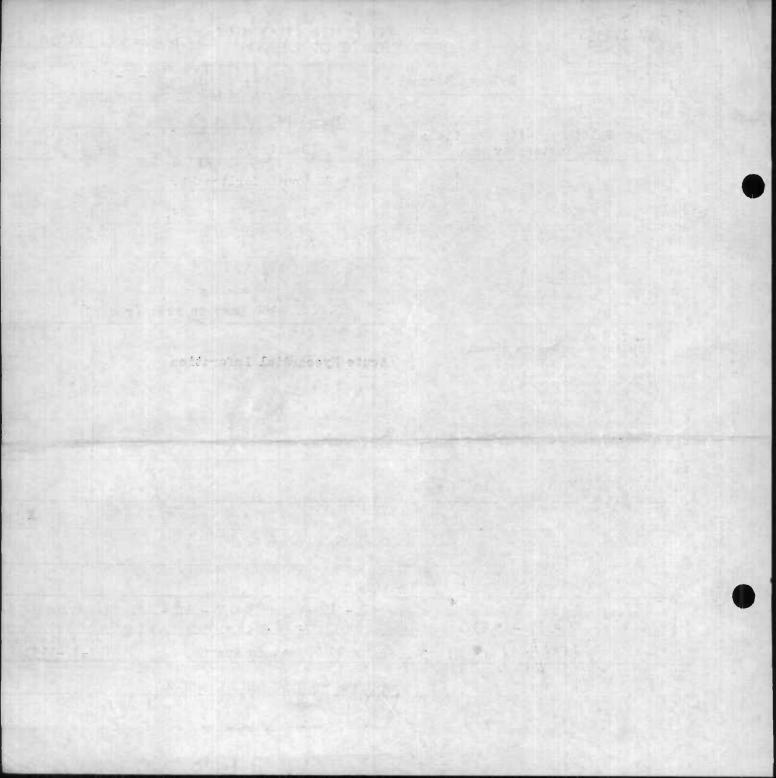
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE 7-17-1953 1. NAME OF DECEASED Solomon Berman (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 22 South Carlton St. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (in years) H Under I Yest last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Mala Negro ??? 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO B.C.H. 4940 Eastern Ave. (record) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute Myseardial Infarction (This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RTIFICATIO RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT U 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20. AUTOPSY IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN PART I DR PART II 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 7 - 17 - , 1953, to 7 - 17 - , 1953 that I last saw the deceased alive on ? - 17 - . 1953 and that death occurred at 9:50A.m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 23A. SIGNATURE 4940 Eastern Avenue 7-17-1953 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B, DATE

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

ADDRESS

CALLA BO

VS 150



BINDING

FOR

RESERVED

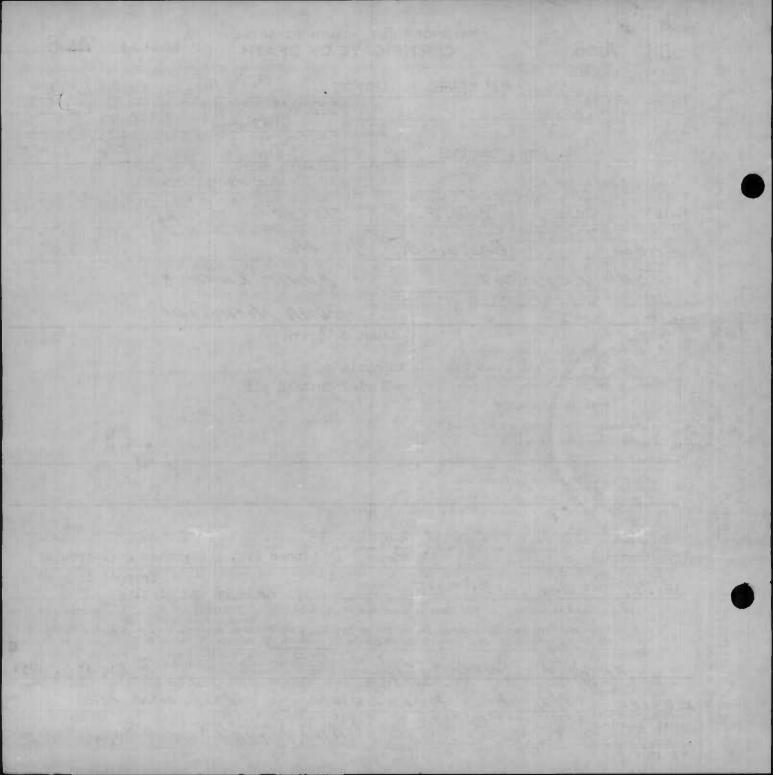
MARGIN

See Document file for full provisional anatomical diagnosis



V S 151

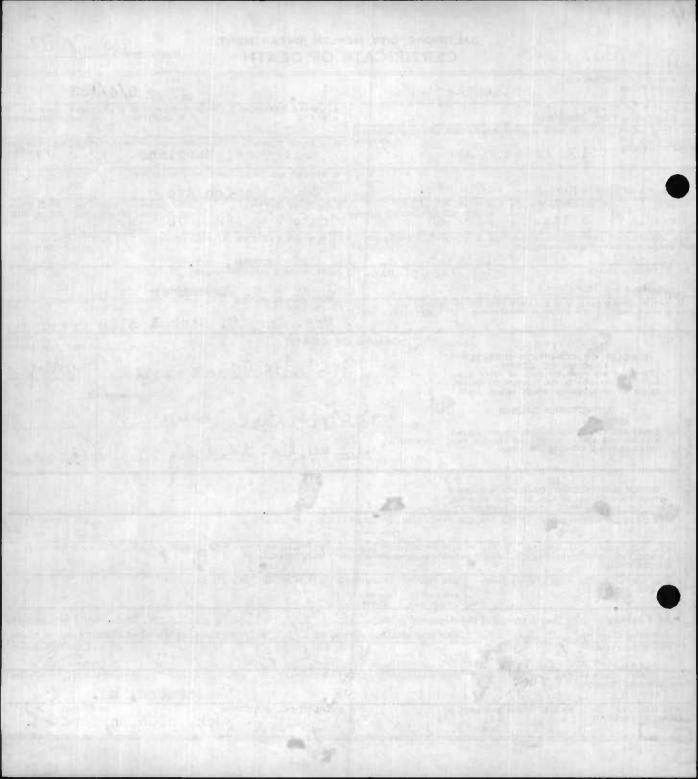
N 991X



N-240

52 MACH

53 CERTIFICATI	E OF DEATH Registered No.
(Type or Print) Christopher John Nic	kol 2. DATE OF 8/4/153
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
s. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 3108 Brendon Ave	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore, Maryland) (If outside corporate limits, write RURAL and give Baltimore, Maryland) (If outside corporate limits, write RURAL and give Baltimore)
ength of stay in Baltimore 70 yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3108 Brendon Ave
Female White 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	Sept. 29, 182 9. AGE (In years It Under 1 Year It Under 24 Hours Min
OA. USUAL OCCUPATION (Give kied of ork done during most of working life, even if retired) Mechanic Dietrich Bros	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Mechanic Dietrich Bros 3. FATHER'S NAME STRUCTURE S	Baltimore, Md. 14. MOTHER'S MAIDEN NAME Anna M. Schrenker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ses, no or unknowe) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Mary C. Nickol 3108 Brendon
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	stalis Cacinaria Ley Ca. Kiday - S
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	INJURY OCCUR?
m. WHILE AT NOT WHILE MORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 23. SIGNATURE 23.	red at 50, 19 7to 7, 19 7 that I last saw the red at 50, 19 7 that I last saw the red at 50, 19 7 that I last saw the red at 50 m., from the causes and on the date stated above 33. ADDRESS 23c. DATE SIGNED
24a. Burial, Crema- lion, Removal (Specify) Burial 8/8/153 Holy Redee:	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Rd.
VS 150	430



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION Yrs. ngth of stay in Baltimore 6. COLORTOR BACE AGE (In years | Hunder | Year | Hunder 24 Hours | last Firthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED AGE (In years WIDOWED, DIVORCED (Specify) rdow 11. BUTHPLACE (State or foreign country) 10Ar USUAL OCCUPATION (Gire kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if retired). INDUSTRY WHAT COUNTRY? ouce we 13. FATHER'S NAME MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yos, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

NOT WHILE

22. I hereby certify that I attended the deceased from a principal . 1953 that I last saw the ... and that death occurred at m., from the causes and on the date stated above. 23B. ADDRESS

deccased alive on Chia-5-1953 23A. SIGNATURE

Thermany BURIAL, CREMA-24B. DATE AME OF CEMETERY OR CREMATORY TION REMOVAL (Specify)

REGISTRAR'S SIGNATURE

23C. DATE SIGNED

20. AUTOPSY

YES

NO X

24D. LOCA ON (City, town, or county)

25. FUNERAL DIRECTOR

21c. WHERE DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

ADDRESS

(If in Baltimore City, give exact location)

DATE RECEIVED BY LOCAL REGISTRAR VS 150

CERTIFICATION MEDICAL HOLD Carlow Designation of the second

VS 150

MARGIN RESERVED FOR BINDING

		-	1	
9000	11		رما	
	-	7	1	
	9			

7089

52

The

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7089 Registered No.

BIRTH NO.									
1. NAME OF D (Type or Print)	eceased Martin	Kelmer				2. DATE OF DEATH	Aug.5th	1.1953	
B. FULL NAME HOSPITAL OR	City, Maryland 30		erfield Ave	A. STATE	A. STATE B. COUNTY before admission)				
INSTITUTION				Balt					
c Length of s	stay in Baltimore	1	ife Yrs. Mos. Day:	3035	D. STREET ADDRESS (If rural, give location) 3035 Chesterfield Ave.				
5. SEX Male	6.COLOR OR RACE White	7. SINGLE, I		1	8. DATE OF BIRTH 9. AGE (in years it Under 1 Year Months Days Hours Min.				
10A. USUAL OC work done during most Baker	CCUPATION (Glve kind of of working life, even if retired)	Preache	r Bakery	Balto.		oreign country)		TIZEN OF HAT COUNTRY?	
13. FATHER'S		ry Kelme		14. MOTHER	Friedle				
15. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	6. SOCIAL 217-09-2221	A Mary M.K		035 Cheste	ADDRES:	The second second	
(This doe heart failt injury or DISEASE RISE TO LINDERL	SE OR CONDITION LEADING TO DEA's not mean the mode of ure, asthenia, ctc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	rdioc ronsry	fleon	yprisk vs.;g	ios	18 hours			
TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT OR CONDITION CAUSING								
	OF OPERATION 0 1	OPERATION	PART I	TION WAS RELAT OF DEATH, ENT OR PART II	ER IN YES				
OR CONTRI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., ia or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., ia or Death of Control of C							act location)	
21D. TIME OF INJURY	(Month) (Day) (Year)	ED 21F. HOW DID INJURY OCCUR?							
decebsed	decensed afive on Duy 4, 19 50, and that death occurred at 8:00 Am., from the causes and on the date s								
23A. SIGN	23A. SIGNATURE TO CONTROL 23B. ADDRESS Below Road 23C. PATE 8							6/53	
24A. BURIAL. TION, REMOVAL (CREMA- Specify) 24B. DATE		C. NAME OF CEMET		TORY 24D. L	OCATION (City,		ity) / (State)	
Burial	Aug.8		Baltimore C	em .	DIRECTOR	Balto. N	ADDR	FSC	
LOCAL REGIS	TRAR REGISTRAR	SSIGNATUR	11: Jus MG	Philus	HUW	Id Source		eans St 31	

50044

TOTEL ED. MINT a P. A specialist . The state of the ALEE, OLDER a sown the specimen many smaller, he can hard so with . Total or nedgran - total . C. van MARGIN RESERVED FOR BINDING

	-	
eginty.		
allu	-	
crearly and	-	w
l death		
causes of		(
cne		
Write		
please		TA CITY
Fuysicians:		CIA CHARACTER STORES
important.		
is especially important. Physicians: p		
IS IS		
age		-
rect	1	-

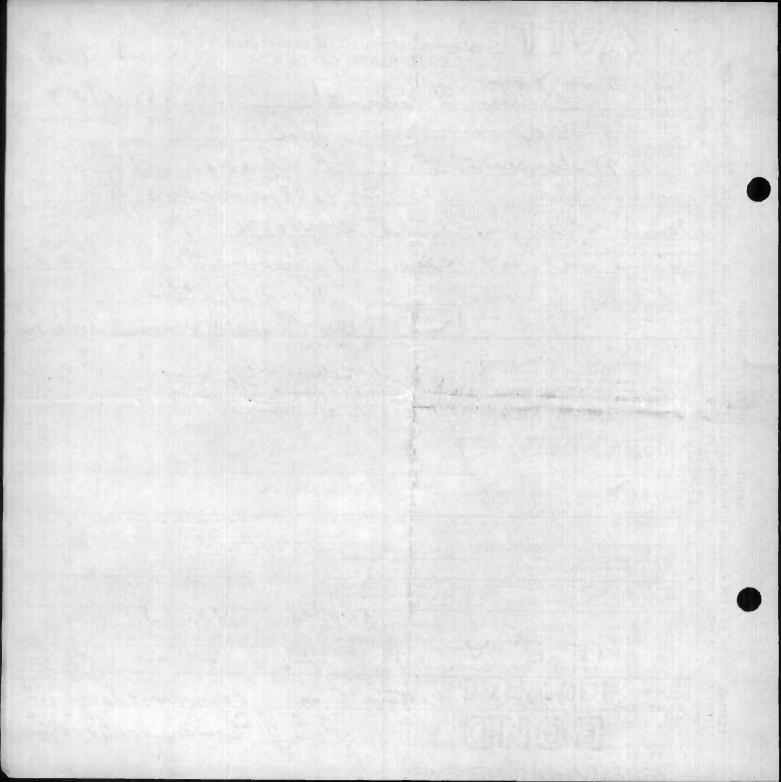
100	A-52	_2/-				*	to make the second point.	
1	MAF-1729	MAF-172927 BALTIMORE CITY HEALTH DEPARTMENT 50						
	53 78 BIRTH NO. 78	1 No. /UM)						
	1. NAME OF D (Type or Print)	1	enrietta	Angereila An	TULA	2. DATE OF DEATH AUC	4. 1953	
	3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESI	DENCE (Where deceased lived.	If institution : residence	
-	B. FULL NAME		pital or institut	ion, give street address or	Maryland			
	HOSPITAL OR Baltimore City Hospitals location)				C. CITT OIL TO	VN (If outside corporate li	mits, write RURAL and give township)	
5 -	3	4940 Bas	tern Ave	• Yrs.			-01	
00	Township of		,	5 o Me Mos.	D. STREET ADDRESS (If rural, give location) 1815 W. Mulberry St.			
יון דע	5. SEX	stay in Baltimore	E 7. SINGLE	Days E. MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours			
5	Female	White	Marr		Nov. 10,18	75 377	Months Days Hours Min.	
4		CCUPATION (Give kin of working life, even if retin		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S	NAME		,	14. MOTHER'S	MAIDEN NAME		
nea	BALLA	Rd AL	SRYAL	V		1		
5	15. WAS DECEAS	(If yes, give war or		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
caen					-	4940 Eastern Ave.	(records)	
200	18. 15	3× 1		CAUSE	OF DEATH		ONSET AND DEATH	
OTTO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., (A) CARCINGE OF COLOR							
23	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
M	ANTECEDENT CAUSES							
200	z	ANTECEDENT CA	USES	(B)		***************************************		
Diegos	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
- 11	∢	YING CONDITION	LAST.	(C)				
r nysicians.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
J'or	10 THE DEATH BOT NOT REEATED TO THE							
T 11	DISEASE OR CONDITION CAUSING IT.				PERATION I	IF OPERATION WAS RELATED	D TO 1 20, AUTOPSY?	
:	THE PROPERTY OF THE PROPERTY O					CAUSE OF DEATH, ENTER	YES NO	
ra.	WAS PERFORMED CAUSE OF DEATH. ENTER IN Y PART I OR PART II. 2 1a. ACCIDENT WAS UNDERLYING 2 1b. PLACE OF INJURY (e. g., in or contributing) CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER IN Y PART I OR PART II. Y OR CONTRIBUTING CAUSE OF DEATH. ENTER II. Y O						ity, give exact location)	
≾. II.	M DEATH (NO	TIFY MEDICAL EXAM	INER)					
- 11	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?							
ally	m. WHILE AT NOT WHILE AT WORK							
espect	22. I hereby certify that I attended the deceased from 7-31, 1953, to 8-4, 1953 that I last saw the							
es	deceased alive on 8-4, 19 53, and that death occurred at 3:304 m., from the causes and on the deceased alive on 1234. SIGNATURE 1. 238. ADDRESS 123						n the date stated above.	
IS	23A. SIGNA	H7 1	ele.			n Ave., Balto., M		
20 20	244. BURIAL.	CREMA- 24B. DAT	E	24c. NAME OF CEMETE			wn, or county) (State)	
	TION DEMOVAL (Aug. 6	1953	Loudon	Vark.	Baltimore	Maryland	
correct	DATE RECEIVE		AR'S SIGNATI	JRE .	25. FUNERAL D	DIRECTOR	ADDRESS	
č	LUCAL REGIS		toto	MIGUER	A Rum	an Ochwol		
	VS 150	Way - I - I	8			Frederick an	P.	
					/			

A STATE OF THE SECOND STAT A STATE OF THE STA exist to E.S. selet to mentioned to

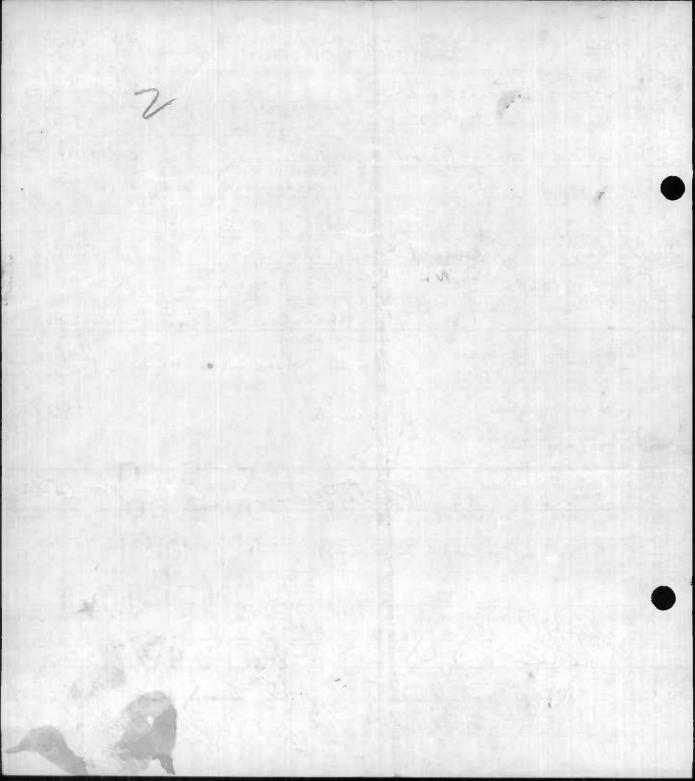
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct are is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS 150

1	
I.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registers 30. 7091
	CERTIFICATE OF DEATH REGISTER NO.
1. (T	NAME OF DECEASED Lillian 7: Smith 2. DATE OF OF DEATH 8/4/53
	PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN, (If outside corporate limits, write RURAL and give
11	ISTITUTION 78 Sargeant St. Baltimore 21-0 2 toppostip)
	Yrs. O. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimbre 54 Bars / 78 Sarglant M. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. 8. DATE OF BIRTH 5. AGE (In years II Under 14 Hours II Under 14 Hours III Under 15 Hours
2	MIDOWED DIVORCED (Specify) 3/2-4/1896 last birthday) Months Days Hours Min.
	DA. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR INDUSTRY) INDUSTRY 12. CITIZEN OF WHAT COUNTRY WHAT COUNTRY
	House work at Home Pellsburg, Ta. U. A
1	8. FATHER'S NAME WASHINGTON
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMATE ADDRESS 18 ST
G (Y	s, no or unknown) (If yes, give war or dates of service) SECURITY NO. have bharles R. Harmis Saralum
	18. 175 X CAUSE OF DEATH INTER AL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Gurculture DUE TO
	ANTECEDENT CAUSES Waterstoon .
Z	DISEASES OR CONDITIONS, IF ANY, GIVING
TION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.
) 	(C)
ERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
U	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19 CONDITION FOR WHICH OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION FOR WHICH OPERATION WAS RELATED TO 20. AUTOPSY? 20. AUTO
MEDICA	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21b. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY WHILE AT WORK NOT WHILE AT WORK
000	22-I hereby certify that I attended the deceased from 6/8/32, 19, to 8/4/32, 19, that I last saw th
adea	deceased alive one 4 3,19, and that death occurred at m., from the causes and on the date stated above
2	1, tetal I, lus Corks M.O. 1016 8. Col 2- 2/6/53.
1 2 2 Z	4A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)
	Bureal 8/7/53 Western 6 cm. Edmondson & Longwood
COL	OCAL REGISTRAR OCAL REGISTRAR A Jollins
	Alli V The state of the state o



53 7092 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Jeromet. OF tle, shman ang. 5,1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, It institution : residence mansland A. STATE A. Baltimore City, Maryland B. COUNTY before admission) mangland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give maryland township) meral 14 ozpilal Baltimore D. STREET ADDRESS (If rural, give location) Mos. 411 Lambeth Road igth of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. male april 14, 1886 10A. NSUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF neduring meet of forking life, even if retired) INDUSTRY WHAT COUNTRY Mangland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Flers hm an Bettie Hers. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) SECURITY NO. Mrs. Rena No INTERVAL BETWEEN 18. 1 CAUSE OF DEATH SHEET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Mema DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED JNJURY NOT WHILE WHILE ATT . 19 673, that I last saw the 22. I hereby certify that I altended the deceased from 1953 to 19 55 and that death occurred at 9:15A.m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 238 ADDRESS 23c, DATE SIGNED general lyozpital 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 246 NAME OF CEMETERY OR CREMATORY 240 COCATION (City, town, or county) 24B, DATE DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR aus

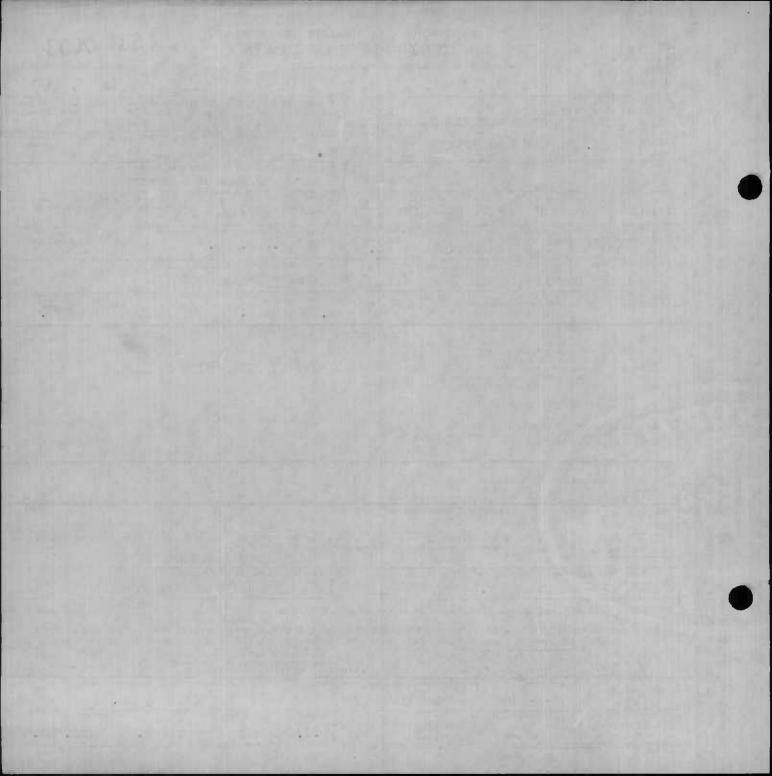


before admission)

tate)

Balto. Md.

LOCAL REGISTRAR Tickmer & Sons Inc.



MARGIN RESERVED FOR BINDING

52

				BALTIMORE CITY	HEALTH DEPA		1034
The .	BII	530. 7	094	CERTIFICA	TE OF DEA	TH Register	red No
	1. (T)	NAME OF D		Zaharas / Zaha	Rips	2. DATE OF DEATH A	ug. 4, 1953
supplied.	A.	PLACE OF D Baltimore (City, Maryland	Balto md	4. USUAL RES	IDENCE (Where deceased live	ed. If institution : residence
lly	HC	STITUTION	St. Agnes H	locat		10 c	limits, write RURAL and give township
e carefully legibly.	c.	Length of s	tay in Baltimore	M		DRESS (If rurai, give locatio Pratt Street	n)
and and		sex Ma le	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Sp. Married	ecity) B. DATE OF BII	last birthday	H Under 1 Year H Under 24 Hours Min
on shoul			CUPATION (Give kind of of working life, even if retired)	Restaurant		E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
information s of death cle	13	. FATHER'S	unks	10LM	14. MOTHER'S	MAIDEN NAME	
f infor		WAS DECEAS	ED EVER IN U.S. ARMED (If yes, give war or dated	of service) 16. SOCIAL SECURITY N	17. INFORMAN	10 Trintis 214	E. LEVINATON
item of in	•	18. 490 DISEAS	SE OR CONDITION	DIRECTLY	E OF DEATH		INTERVAL BETWEE
Every ite		heart failu	LEADING TO DEAT a not mean the mode of tre, asthenia, etc. It mea complication which c	f dying, e. g., (A)	FULMINAT	VEUMONIA E VING KOXEMI	A Lays
	7		ANTECEDENT CAUS	(B)			
G INK.	ATIO	RISE TO T	S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	ANY, GIVING STATING THE DUE TO			122001
UNFADING Physicians:	TIFIC		11	(6)			
UNF	CER	TO THE	DEATH BUT NOT IN CONDITIONS OF CONDITION CAUSING	RELATED TO THE	OPERATION	I IF OPERATION WAS RELAT	red to 20. AUTOPSY?
WITH rtant.	DICAL	21A. ACCID	WENT WAS UNDERLY	/AS PERFORMED NG□ 218. PLACE OF INJUR	Y (e.g., in or 21c. W	CAUSE OF DEATH. ENT PART I OR PART II HERE DID (If in Baltimore	ER IN YES WO D
0	MED	DEATH (NO	BUTING CAUSE OF FIFY MEDICAL EXAMINE (Month) (Day) (Year)	R)		Y OCCUR?	
PLAINLY, ecially impo		OF INJURY		m. WHILE AT NOT	WHILE		
El			live on any 4	ended the deceased from, 19 and that death of	()	m., from the causes and	192, that I last saw the on the date stated above 23c. DATE SIGNED
PLEASE WRIT	24	AA. BURIAL.	CREMA- 24B, DATE	Cowl M. D.	St a	gnes Hospital	8/4/53
PLEASE W	TIC	BULLE ATE RECEIVE	specify) 8-6-	53 Greek	25. FUNERAL I	Windsor	Mull Rd ADDRESS
PI	LC	CAL REGIST	RAR	inglish better as	BAMIST	as Inc. 44	O E. North
		VS 150	1399	7	4/4	2.	

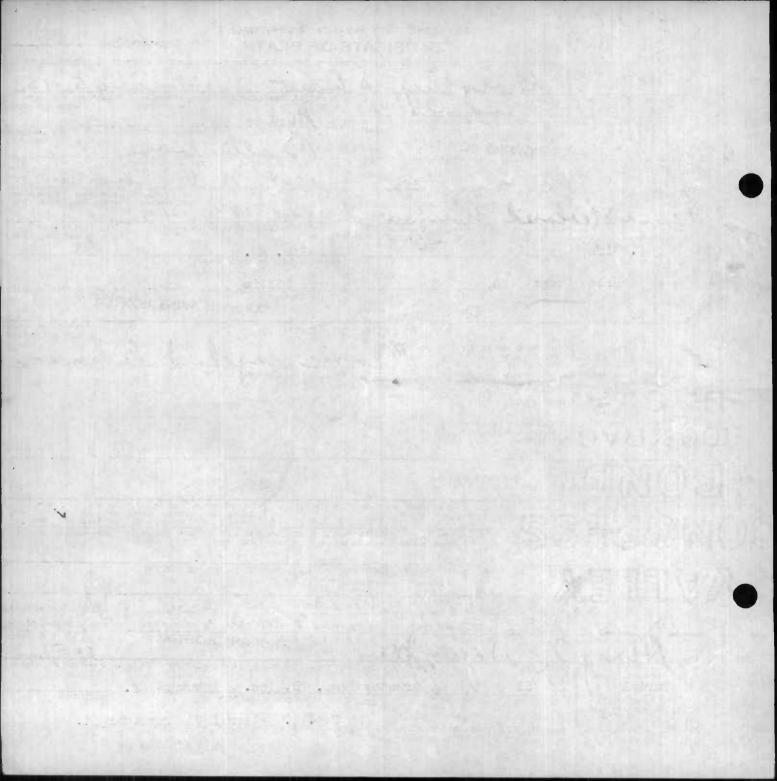


111 757	CORRECTED 8/6/	53 ES	4	and the second
E2 19005	BALTIMORE CITY H	EALTH DEPART	MENT 5	3 7095
BIRTH NO. 5 1 - 22 916	CERTIFICAT	E OF DEATI	H Register	red No
1. NAME OF DECEASED (Type or Print)			2. DATE OF	III. lace
Joseph n	rdams Rr	WIDOMSK	/ DEATH	ed, It Institution residence
A. Baltimore City, Maryland	H 4W	A. STATE	B. COUNT	
HOSPITAL OR IOHNIC HODVING	institution, give street address of		(If outside corporate	limits, write RURAL and give
INSTITUTION		Bult	Annone .	10-02 township)
	LIFE Yrs.	D. STREET ADDRE		(n)
c. Length of stay in Baltimore	Days		Wilmat	5t,
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	10-3-5	last birthday	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	B. KIND OF DUSINESS OR	V	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CHIZD		BALT	IMORE ME	U.S.A.
13. FATHER'S NAME	1.		TTELE IGH TO	
15. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 1 16. SOCIAL	-	WILL TO WAY	
(Yes, no or unknown) (If yes, give wer or dates of se	SECURITY NO.	17. INFORMANT	HNS HOPKINS HO	SPITAL
18. 0/0 X.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY		xx txx	1.
(This does not mean the mode of dy heart failure, asthenia, etc. It means the	ne disease,	car meeter	8	
injury or complication which cause	d death.) DUE TO Tu	berculous men	ingitis	
ANTECEDENT CAUSES	(B)	2		
DISEASES OR CONDITIONS, IF AN	Y, GIVING	S - Lasavio		
UNDERLYING CONDITION LAST.	(C)			
<u>u</u> 11				
OTHER SIGNIFICANT CONDITIONS CO	TED TO THE	natrenia	(Hypoelectroli	themia)
19a. DATE OF OPERATION 19B.	CONDITION FOR WHICH		F OPERATION WAS RELA	
I A	PERFORMED	1	PART I OR PART II	YES NO
U 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY about home, farm, factory, street, offi	(e. g., in or cehidg., etc.) 21C. WHEF INJURY O	RE DID (If in Baltimore CCUR?	City, give exact location)
21D. TIME (Month) (Day) (Year) (Ho	ur) 21E. INJURY OCCUR	RED 21F. HOW	DID INJURY OCCUR?	
OF INJURY	m. WHILE AT NOT WE AT WO			
22. I hereby certify that I attend	ed the deceased from) - 8 , 1953	1, to 8-4,	193, that I last saw the
	953, and that death occ			on the date stated above
23A. SIGNATURE Public	- h . M.D.	238. ADDRESS	NS HOSPITAL	5 Guy 53
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMET		24D. LOCATION (City,	4
BURIA 6 AUG 7 19	53 HOLY ROSI		GERMAN A	
DATE RECEIVED BY REGISTRAR'S S LOCAL REGISTRAR	1/1/11 . 1/10/	25. EUNERAL DIR	0	ADDRESS
age multinglov	White My	Lupber	1310 1800	E LOMBARDST

Dr. Hardy called Dr. Pinkerton for this info

The

the state of the s	BII	5-000 53 7096	ALTIMORE CITY HE CERTIFICATI		NT Registered No.	7096
		NAME OF DECEASED //Pe or Print)	other &	haw	2. DATE OF DEATH QUE	5,1953
	A		tution, give street address or	ma.	E (Where deceased lived, If in the B. COUNTY	
		STITUTION STITUTION HOPKINS HE	OSPITAL location)	c. city or town	(If outside corporate limits, w	7 township)
1	200	Length of stay in Baltimore SEX [6.COLOR OR RACE] 7. SING	Yrs. Mos. Days	b. STREET ADDRESS	(If rural, give location) 1. Gallo 1. Gallo 1. AGE (In years) II Under	I Year H Under 24 Hours
6	Fe	male Colored Will	DWED, DIVORCED (Specify)	1 - 2 4 - 08	last birthday) Month	Days Hours Min.
	work	doneduring montof working life, even if retired) He ife	INDUSTRY	Balto Md		WHAT COUNTRY?
		Charles Owens		Lillie		
	(Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give wer or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT	IS HOPKINS HOSPITA	
		18. 204, I I DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused det	e. g., (A) Chro	mic my	eland lend	INTERVAL BETWEEN ONSET AND DEATH
	CATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(B)			
2	ERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	AL C	19a. DATE OF OPERATION 19B. CON WAS PER		CAUS	PERATION WAS RELATED TO SE OF DEATH, ENTER IN T OR PART II	20. AUTOPSY?
Topical	EDIC	21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (out home, farm, factory, street, office	e.g., in or 21c. WHERE E bldg., etc.) INJURY OCCU	OID (If in Baltimore City, giver R?	e exact location)
44.9 444.4	Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	NJURY OCCUR?	
arada da		22. I hereby certify that I attended to deceased alive on \$ 5-, 195	he deceased from 7 3 and that death occur	-13-,1953t	om the causes and on the	that I last saw the date stated above
24		234. SIGNATURE N. IUA	man mil	JOHNS HOPKIN	IS HOSPITAL	S S S S S S S S S S S S S S S S S S S
cer ag		AA. BURIAL CREME 24B. OATE ON, REMOVAL (Specifi) Burial 8/9/53	Arbutus N	emo Pk Inc	Arbutus, Md.	DDRESS
7700	L	ATE RECEIVED BY REGISTRAR'S SIGNA	ME.C.		n 1303 Presstman	
		VS 150	Vellalle, My	Seo. S.	Kelson	



The

W	- 4	16	0
4 4	53	7	097

BALTIMORE CITY HEALTH DEPARTMENT

53 7097

,	1 37	

			CERTIFICATE	E OF DEAT	H Registered N	Vo	
1.	NAME OF D	ECEASED			2. DATE	4 2056	
(T)	ype or Print)	Tandas T			OF AUG.	4, 1953	
A.		City, Maryland	elaphine Wheeler	4. USUAL RESID A. STATE	ENCE (Where deceased lived, If Md. B. COUNTY	institution: residence before admission)	
HC	FULL NAME SSPITAL OR STITUTION	OF (If not in hospite 1831 Madisc	al or institution, give street address or location) Ave.	c. CITY OR TOWN		s, write RURAL and give	
c.	Length of s	tay in Baltimore	Yrs. Mos. Days	o. STREET ADDR			
5.	SEX F	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10/3/20		f Under I Year If Under 24 Hours onths Days Hours Min.	
10 work	A. USUAL QC	CUPATION (Give kind of province)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE ((State or foreign country)	USA USA COUNTRY?	
13	. FATHER'S	Hayes Junery		14. MOTHER'S MA			
		ED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	A	DDRESS	
(Yes	no or unknown)	(If yes, give war or date	of service) SECURITY NO. 215-16-2456		er 1808 Madison Av	'e.	
-	1			OF DEATH		INTERVAL BETWEEN	
7	(This doe heart failt	SE OR CONDITION LEADING TO DEAT s not mean the mode o ure, asthenia, etc. It mea complication which o	DIRECTLY	inomato	sis Curx	1200	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)						
Ш	TO THE	II GNIFICANT CONDITIONS DEATH BUT NOT I	RELATEO TO THE				
AL C	19A. DATE		9B. CONDITION FOR WHICH OF VAS PERFORMED	T-10 (44)	IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	IN YES NO	
EDIC	OR CONTRI	ENT WAS UNDERLY BUTING CAUSE OF TIFY MEDICAL EXAMINE	about home, farm, factory, street, office		ERE DID (If in Baltimore City, DCCUR?	, give exact location)	
Σ	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	V DID INJURY OCCUR?		
	22. I here	by certify that I at	tended the dcceased from, 19 13, and that death occu	191 rred at 6./1/2, n	3, to Org 4, 192 1., from the causes and on t	the date stated above.	
	23A. SIGNA		Bando M.O.	23B. ADDRESS	Hilf av	8-6-53	
2 TI	4A. BURIAL, ON, REMOVAL (CREMA- Specify)	24C. NAME OF CEMETE	ERY OR CREMATOR	Balto. Md.	n, or county) (State)	
	Burial ATE RECEIVI OCAL REGIS		S SIGNATURE	25. FUNERAL DI	RECTOR Kolson 1303 Pres	stman St.	
	TIVE 120	1953 0		les.	H. Kelso		

TOTAL METERS OF THE STATE OF TH The second second LAY WALL I SHE WAS TO A TO S

MARGIN RESERVED FOR BINDING

7098						53 egistered 1	7098 No
0					12. DA	T.F.	
Wal	ter Banis	ter				-	3, 1953
ryland			4. USUAL		130		institution : residence before admissi
f not in hospital						ornansta limi	to maid DIIDAY
		phr cera	C. CITY OF			orporate limi	- O L townsh
7770 200	TOTA ATO.	Yrs.	D. STREET	ADDRESS	(If rural, giv	e location)	V -
	45 yrs.	Days			. Fayet	te St.	
	WIDOWED, DI				last	birthday) M	If Under 1 Year If Under 24 ho onths Days Hours M
		HISINESS OF					12. CITIZEN OF
e, even if retired)		INDUSTRY					WHAT COUNTE
			14. MOTHE				ODA
anister			9/16/15	An	nie Gro	88	/
N U. S. ARMED give war or dates of			17. INFOR	TANT		A	DDRESS
	218-03-	7234	B. C. H	I. 4940	Eastern	Ave. (records)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)							
BUT NOT RE	LATED TO THE						
TION 19	B. CONDITION	FOR WHICH O	PERATION	CAUSE	OF DEATH	I. ENTER	
CAUSE OF	ahout home, far	CE OF INJURY (m, factory, street, office	e. g., in or 210 bldg., etc.) INJ			ltimore City,	give exact location)
(Day) (Year) (I	WHILE	AT NOT WHI	LE	. HOW DID	INJURY OC	CUR?	
y that I atte		seu ji one	-	, 19.53 to_			3, that I last saw
8-3	19.53 , and ti				n the caus	es and on t	
47 (h	Luy D				Balt	o. Md.	8-3-1953
- 1- N-		AME OF CEMETE		ATORY 24	LOCATIO		
		Auburn	25. FUNER			1	ADDRESS
	1. 1						
and the same	= 11/11.	000	Geom G	Kelsor	1303 F	resstma	in St.
	Baltimore Baltimore	Walter Banis Taryland If not in hospital or institution, give the services of the services of the services of the services of the mode of dying, e.g., ia, etc. It means the disease, the mode of dying, e.g., ia, etc. It means the disease, the mode of dying, e.g., ia, etc. It means the disease, the mode of dying, e.g., ia, etc. It means the disease, the mode of dying, e.g., ia, etc. It means the disease, the mode of dying of the mode of the mode of the mode of dying of the mode	Walter Banister aryland f not in hospital or institution, give street address or Baltimere City Hospital action) 4940 Eastern ave. Yrs. Mos. Days OR OR RACE OS. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Sep. N. (Givekind of the fe, even if retired) OS. KIND OF BUSINESS OR INDUSTRY Banister N. U. S. ARMED FORCES? give war or dates of service) 218-03-7234 CAUSE CONDITION DIRECTLY NG TO DEATH In the mode of dying, e. g., iia, etc. It means the disease, tion which caused death.) DUE TO DEENT CAUSES NDITIONS, IF ANY, GIVING E CAUSE (A) STATING THE DUE TO DUE TO DUE TO DUE TO CONDITION LAST. (C) I CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE TION CAUSING IT. ATION 1998. CONDITION FOR WHICH OF CAUSE OF CALL EXAMINER) (Day) (Year) (Hour) 1988. CONDITION FOR WHICH OF CAUSE OF CALL EXAMINER) (Day) (Year) (Hour) 1988. CONDITION FOR WHICH OF CAUSE OF CALL EXAMINER) (Day) (Year) (Hour) 218-103-7234 CAUSE (B) WAS PERFORMED WAS PERFORMED SUNDERLYING CAUSE OF CALL EXAMINER) (Day) (Year) (Hour) 218-103-7234 CAUSE (B) WHILE AT NOT WHICH OF CAUSE OF CALL EXAMINER) WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK AT AUBURN WHILE AT WORK AT WORK AT AUBURN WHILE AT WORK WHILE AT WORK AT WORK AT AUBURN WHILE AT WORK WHILE AT WORK AT WORK AT AUBURN WHILE AT WORK WHILE AT WORK AT WORK AT AUBURN WHILE AT WORK WHILE AT WORK WHILE AT WORK AT WORK AT WORK WHILE AT	Walter Banister aryland finot in hospital or institution, give street address or Baltimere City Hospital Mos. Baltimere City Hospital Mos. Baltimore 45 yrs. Baltimore 5 yrs. Baltimore 45 yrs. Baltimore 45 yrs. Baltimore 5 yrs. Baltimore 5 yrs. Baltimore 6 yrs. Baltimore 6 yrs. Baltimore 6 yrs. Baltimore 7 yrs. Mos. Days B. Date 0 May 15, 11. Birther Industry Banister N. U. S. ARMED FORCES? Rive war or dates of service) SECURITY NO. B. G. H CAUSE OF DEATH ONDITION DIRECTLY 16 SOCIAL SECURITY NO. B. G. H CAUSE OF DEATH ONDITION DIRECTLY 16 SOCIAL SECURITY NO. B. G. H CAUSE OF DEATH ONDITION DIRECTLY 16 SOCIAL SECURITY NO. B. G. H CAUSE OF DEATH ONDITION DIRECTLY 16 SOCIAL SECURITY NO. B. G. H CAUSE OF DEATH ONDITION DIRECTLY 16 SOCIAL SECURITY NO. B. G. H CAUSE OF DEATH ONDITION DIRECTLY 17. INFORM B. G. H CAUSE OF DEATH ONDITIONS, IF ANY, GIVING E CAUSE OF DEATH ONDITION CAUSENG IT. ATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED UNDERLYING 198. CONDITION FOR WHICH OPERATION WAS PERFORMED SUNDERLYING 198. CONDITION FOR WHICH OPERATION WAS PERFORMED UNDERLYING 198. CONDITION FOR WHICH OPERATION WAS PERFORMED UNDERLYING 218. PLACE OF INJURY (c. e., in or 210 SUNDERLYING 198. CONDITION FOR WHICH OPERATION WAS PERFORMED UNDERLYING 218. PLACE OF INJURY (c. e., in or 210 SUNDERLYING 198. CONDITION FOR WHICH OPERATION WHILE AT NOT WHILE 188. WHILE AT NOT WHILE 188. WHILE AT NOT WHILE 218. WHILE AT NOT WHILE 228. A WORK AT WORK AT WORK 238. ADDRES 4940 B281 246. NAME OF CEMETERY OR CREM ME AUBURN REGISTRAR'S SIGNATURE 25. FUNER	Walter Banister aryland f not in hospital or institution, give street address or Baltimere City Hospital artion) 4940 Eastern ave. Baltimore 45 yrs. Baltimore 5 yrs. Baltimore 6 yrs. Baltimore 7 yrs. Baltimore 7 yrs. Baltimore 7 yrs. Baltimore 8 yrs. Baltimore 9 yrs. Baltimore 9 yrs. Baltimore 9 yrs. Baltimore 9 yrs. Baltimore 15 yrs. Baltimore 16 yrs. Baltimore 16 yrs. Baltimore 16 yrs. Baltimore 17 yrs. Baltimore 17 yrs. Baltimore 16 yrs. Baltimore 17 yrs. Baltimore 16 yrs. Baltimore 16 yrs. Baltimore 17 yrs. Baltimore 18 yrs. Baltimore 18 yrs. Baltimore 18 yrs. Baltimore 18 yrs. Cause of Brith May 15, 1899 It. Birthplace (State of Brith May 15, 1899 It. Birthplace (State of Brithmay 15, 1899	Walter Banister Aryland If not in hospital or institution, give street address or Baltimore City Hospital artion ### ### ### ### ### ### ### ### ### #	Walter Banister 2. DATE OF DEATH 2. DATE OF AUG. 2. DATE OF AUG. 3. STATE 3. DOUBTY 4. STATE 4.

COREST -SAN POLICE ONE AND SANT LEAST ON THE TAX WAT IN THE . we Pat 1925 15 1929 Stince pt) Strate Carte (AME OF ST.) The Market Burney and Arthur of the

D-545

BIRTH NO. 7099

1. NAME OF DECEASED (Type or Print)

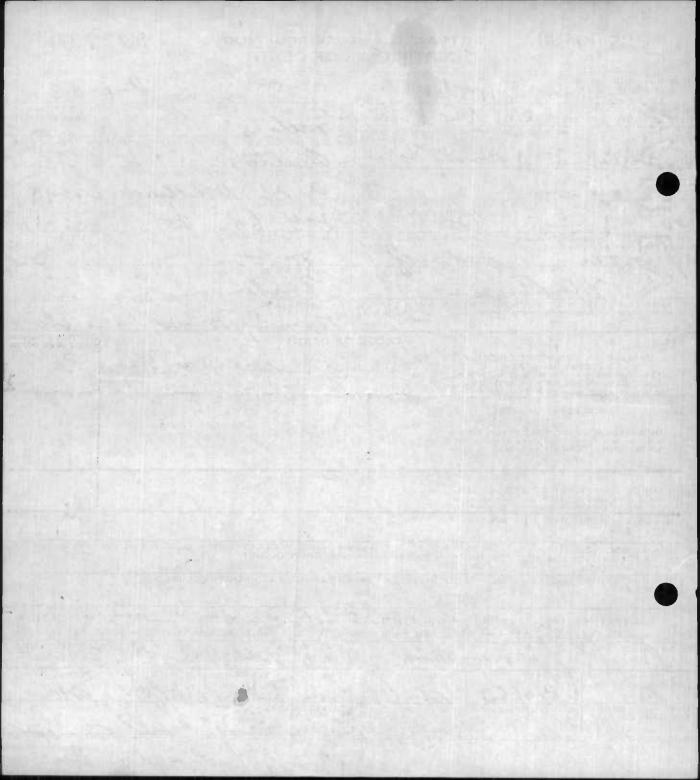
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7099 Registered No.

NAME OF DECEASED Type or Print) WILLIAM DIMLING	2. DATE OF August 4, 1953						
. PLACE OF DEATH: Baltimore City, Maryland 915 N. Lakewood Ave.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
FULL NAME OF (If not in hospital or institution, give street address or	MC						
IOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
	Baltimore 2-07						
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 915 N. Lakewood Ave.						
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months; Days Hours Min.						
male white single	April 26, 1880 73						
OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTR)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
paperhanger own business	Baltimore, Md. U.S.A.						
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Frederick W. Dimling	Unknown						
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
no no	Frank J. Vitak, friend, above						
18. 442 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH Ny (Caudial failure) AUCULA TAYLO SALIGHTY OUE TO LAUGUS— CAUSE OF DEATH Ny (Caudial failure) AUCULA TAYLO SALIGHTY AUCULA ACCULATION ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)							
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	NO V						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.							
NJURY (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURF WHILE AT WORK NOT WHILE AT WORK							
22. I hereby certify that I attended the deceased from	m 4 1952, to Cary 4, 1953, that I last saw the						
deceased alive on aug V, 1953, and that death occu							
	238. ADDRESS 722 No. Kenwood a ley 5753.						
24A. BURIAL, CHEMA- 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
Burial Aug. 7, 1953 Baltimore Cem	etery Baltimore, Md.						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.						
Court of the state	1 LOWI-)-) B. Madison St.						
Ovs 150%	24						

- TIS I HEAD SHEET OF THE near Permission of the second of the second The west time to the same and the same of Line and the setting of the setting

	00	7.000	BAL	CERTIFI	CATE	OF DEATH	F141	Regist	ered No.	7.1.00	
	RTH NO.										
	vpe or Print)	John.	7,115	44	_ L12			OF DEATH	-	-53	
۸.		City, Maryland 🗸 /	10/2/	Colds	rug	4. USUAL RESIDEN	CE (Where	deceased I B. COUN		tution: reside before adm	
	SPITAL OR	OF (If not in hospit	al or instituti		ddress r location)	c. CITY OR TOWN	(If outsic	de corpora	te limits, wi	ite RURAL a	nd give
ムと	STITUTION - U	Vil-Bal	mrsi	my Ho		- Balto		1	4-		wiiship)
	Orth of st	tay in Baltimore			Yrs. Mos. Days	2/2/	S (If rural,	give locat	tion)	B.	
5.	SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED, ED, DIVORCE		8. DATE OF BIRTH	0 9.7	AGE (In your last, birthd	ears If Under ay) Months	Days Hours	24 Hours Min.
1	n	<u> </u>		2		19-6	8	83			
		CUPATION (Give kind of of working life, even if retired)		OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (Sta	ite or foreign	country)	12.	WHAT COU	
F	FATHER'S	NAME	1000	any		14. MOTHER'S MAID	EN NAME		2		
		Unkin	an			Unfo	man	~			
15	. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT	0		ADDF	ESS	,
						Mursins	Ho	me	nu	nel	2_
	18. 42	211	Alle.	C	AUSE (OF DEATH		2	,	INTERVAL BE	
	DISEAS	SE OR CONDITION		1	and	in /hann	100	BA /	Sean	>	
		not mean the mode re, asthenia, etc. It mes	of dying, e. g		عالي			2		!	
		complication which									
		ANTECEDENT CAU	SES								
5		DISEASES OR CONDITIONS, IF ANY, GIVING								•••••••	******
=		TING CONDITION L									
ز				(C)				•••••••			
111	OTHER S	II SIGNIFICANT COND	ITIONS CON							e Chin	
ij	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D		***************************************		• • • • • • • • • • • • • • • • • • • •		E. th	
,				FINDINGS C	F OPER	ATION				20. AUTO	PSY
Y Y							(70.1	-	01.		NO L
בחור		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJUR arm, factory, street,				Baltimore	City, give	exact locatio	n)
2		(Month) (Day) (Year	(Hour)	21E. INJURY	OCCURR	D 21F. HOW DID I	NJURY OC	CUR?			
	NJURY		m.	WORK	NOT WHILE			1	- 5	•	
	22. I hereb	y certify that I at	tended the	deceased fro	m	417,183,	toling	6	, 19 , t	hat I last s	aw the
6	deceased a	live on 2	1953	and that dea	th occur	red at m., f	from the co	auses an		late stated	
	23A SIGNA	TOPE SO	ha	poe	M. D.	403 m	dar	Ls		3c. DATE S	IGNED
24	AA. BURIAL.	CREMA- 24B/DATE Specify)	100	24C. NAME OF		RY OR CREMATORY	24D. LOCA	TION (Cit	y, town, or	equity)	(State)
D	ATE RECEIVE	D BY REGISTE A	'S SIGNATU	RE (Mes	25. PUNERAL DIREC	CTOR	riel	AI	DORESS	1
	CAL REGIST		1 51	iic O.	ME	Mahall V	w	de	11.	7.)	X,
-	VS 150	The line	rota M	Halley.	6	CHIZAN VIEW	11.	- Jul	ann	car of	
	VS 150	0			10	10117.	Cerl	ing,	tow	Stree	
						T .		1			



A-352

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7101 Registered No.

B	IRTH NO.					
1.	NAME OF DECEASED Type or Print)	RY M	. ADAM	5	2. DATE OF DEATH	15/53
	PLACE OF DEATH: Baltimore City, Maryland	Ba	chimore	4. USUAL RESIDENCE (If institution: residence before admission)
В.		spital or institution	on, give street address or location		BALTI	HORE
11	ISTITUTION	Vanne	11 .	c. CITY OR TOWN	f outside corporate lim	its, write RURAL and give
H	ONION	I CHOKIA	L MOSPITAL Yrs.	D. STREET ADDRESS (I		7-06
	ength of stay in Baltimor		Mos.		957 28 =	57.
5.	SEX 6. COLOR OR RA	CE 7. SINGLE	Days , MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
	F WHITE		ED, DIVORCED (Specify,	MAR. 17/87	last birthday) M	fonths Days Hours Min.
10	A. USUAL OCCUPATION (Give kind done during most of working life, even if ret	ndof 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	HOUSE WIFE	OWN	HOME	BALTINO	DE Md	WHAT COUNTRY?
13	FATHER'S NAME	/		14. MOTHER'S MAIDEN N	NAME	
	(PEORGE	Nickin	45	ELIZA	BETH H	AHN
Ye (Ye	. WAS DECEASED EVER IN U.S. AF e, no or unknown) (If yee, give war or	dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				EDITH CLAUTICE,	1606 E. 28t	& Street
١	18. 540.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	FATH		+ 11		
	(This does not mean the mo heart failurc, asthenia, etc. It	de of dying, e.g.	, (A)	· L. Hemorri	age	**********
	injury or complication which	h caused death.	DUE TO V			
H	ANTECEDENT C	AUSES	0.	ct. 1/1.		
Z O	DISEASES OR CONDITION	S, IF ANY, GIVING	(B)	stric Ulce	Y	
H	RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE				
Ù			(C)		***************************************	
	II II			All to real the second		
ER	OTHER SIGNIFICANT CO	UT NOT RELATED				
٥	19A. DATE OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
4	_ ~	_				YES NO
	21A. ACCIDENT WAS UNDER		CE OF INJURY (e. g., i	n or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore City,	
4	CAUSE OF DEATH			TABORT CCCSRT		
	21D. TIME (Month) (Day) (Y		1E. INJURY OCCURR		Y OCCUR?	
			WORK HOT WHILE			
	22. I hereby certify that I	attended the	leceased from 8	- 4, 1953, to	8 - 5 , 195	3, that I last saw the
	deceased alive on 8 - 5	, 19_ <u>53</u> , a	nd that death occur	rred at 11 40/pm., from	the causes and on	the date stated above.
	23A. SIGNATURE.	Lucidas		Union memo	riel Idas	23c. DATE SIGNED
24	A. BURIAL, CREMA- ON, REMOVAL (Specify)	E 2	4c. NAME OF CEMETE		OCATION (City, town	n, or county) (State)
110	BURIAL (Specify) 8/8	/53	Bullimore	Benden B	Olimon	ma . 0 0
D/		AR'S SIGNATUR	RE	25. FUNERAL DURECTOR	9	ADDRESS
	ONE REGISTRAR	or to of	15.3 0	I'm Book	5 12/24	26 Pa. 0 pa
	Ve 150000 I leave	Emakon V	MIN TO SERVE			

	no per	50	
~1	-3	40	
0	E9	7102	
	00	1100	

53	7400
rictored No	7:102

	53	7102	BAL	CERTIFICAT			Registered	03 No	7102
1	NAME OF I	DECEASED	WILBUF	R WALTER JO	NES		2. DATE OF		
	. PLACE OF I	DEATH: City, Maryland	WILDOI	C WALLER JO		ENCE (W	here deceased lived. B. COUNTY		ion: residence before admission
В	FULL NAME		tal or institut	ion, give street address of location	Mary		outside corporate lim		
	NSTITUTION	2614 Robb S	Street			imore	6	1-0	7 township
				Yrs.					
		stay in Baltimore		Mos. Day:	2014		Street		
M	ale	6.COLOR OR RACE	WIDOW	E. MARRIED. PED. DIVORCED (Specif ried	August 3,	1911	42	I Under 1 Ye Ionths D	sar H Under 24 Hours ays Hours Min.
WOI	Fruck Dr			OF BUSINESS OR INDUSTR	Baltimore,				TIZEN OF HAT COUNTRY
1:	3. FATHER'S	Thurman W.	Jones		14. MOTHER'S MA		ME		
15 (Ye	5. WAS DECEAS	(If yes, give wer or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Marie M. Jor	nes, 20		ADDRES	S
FICATION	heart fail injury or DISEASE RISE TO	LEADING TO DEA se not mean the mode ure, asthenia, etc. It mea complication which ANTECEDENT CAUS ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA	of dying, e. gans the diseas caused death SES FANY. GIVIN STATING TH	(5)	ry artery scl	reiosi			
ERT	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE DR CONDITION	NOT RELATE	D .	onary edema				
NL C	19a. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPE	RATION			1	O. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.	1 2 41 0	CE OF INJURY (e. g., arm,factory,street, office bldg			in Baltimore City,	give exa	ct location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)		VHILE AT NOT WHILE WORK AT WORK		INJURY	OCCUR?		
	the ev	ify that I took char idence obtained by eath in my opinion	said Auto	remains described	above, held an Inquiry, find that es \(\B \), accident \(\B\),	Autopsy, In said dec suicide [, homicide ,	he dau	con and from stated above mined .
	23 SIGNA	the W.	Jach		ASSISTANT MI MEDICAL INV	ESTIGATO	OR	ugust	
TIC	on REMOVAL (S burial	(REMA- Epecify) 248. DATE 8/7/59	2	Parkwood Cem			CATION (City, town		Maryland
	ATE RECEIVE			RE C O	Wan Parel	ECTOR	1217 54	ADDR	Ess V

V S 151

68345

23A. SIGNATURE

248. DATE

REGISTRAR'S SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

BI	RTH NO.		•	CERTIFICAT	E OF DEA	ATH	Registered	Ro. 710	
	NAME OF DE		ward Sim	ms	2. DATE OF 7-17-1953				
A.		ity, Maryland	nitel or inetituti	on give etveet address o	4. USUAL RESIDENCE (Where deceased lived. If institution; residue. A. STATE B. COUNTY before ad				
HC IN	ISTITUTION	al timore Ci 4940 Easter		tals location	c. CITY OR TOWN (If outside corporate limits, write RURAL ar tow				
c.		cay in Baltimore	life	Yrs. Mos. Days	218 N. E		rural, give location) Avenue #24		
5.	Male	6.COLOR OR RACI		. MARRIED. ED, DIVORCED (Specify	8. DATE OF BI		9. AGE (In years last birthday)	if Under 1 Year If Months Days H	Under 24 He ours Mi
		CUPATION (Give kind f working life, even if retire		OF BUSINESS OR INDUSTRY	Maryland		oreign country)	12. CITIZEN WHAT C	OF COUNTR
13	FATHER'S N	omas Simms		14. MOTHER'S MAIDEN NAME Mary Hinkle				1	
-					17. INFORMANT B.C.H. 4940 Eastern Ave. (record)				
(Yes	s, no or unknown)	D EVER IN U. S. ARM (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	B.C.H. 49		ern Ave. (r	ecord)	BETWEE
(Yes	18. 002 DISEAS (This does heart failur	(If yes, give war or da	I DIRECTLY ATH of dying, e. g.	CAUSE	B.C.H. 49 OF DEATH	40 East		ecord)	
15 (Yes	18. 002> DISEAS (This does heart failur injury or	E OR CONDITION LEADING TO DE not mean the mode	I DIRECTLY ATH of dying, e.g. cans the disease caused death.	CAUSE (A) ROS OUE TO Pulm	B.C.H. 49 OF DEATH irstery Fronary tube active	40 East	s, far adva	ecord) INTERVAL ONSET A	
NOITA	DISEASES	E OR CONDITION LEADING TO DE, not mean the mode re, asthenia, etc. It m complication which	I DIRECTLY ATH of dying, e.g. eans the disease caused death. JSES IF ANY, GIVIN.) STATING TH	CAUSE (A)	B.C.H. 49 OF DEATH irstery Fronary tube active	40 East		ecord) INTERVAL ONSET A	
NOIL	DISEASE CHISTON DISEASE (This does heart failur injury or DISEASES RISE TO THE OTHER SIGI	E OR CONDITION LEADING TO DE. not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU GOR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION (I) NIFICANT CONDITION DEATH BUT NOT	I DIRECTLY ATH of dying, e.g. eans the disease caused death. JSES IF ANY, GIVIN. A) STATING TH LAST. NS CONTRIBUT RELATED TO	CAUSE (A) OUE TO Pulm (B) (C) TING	B.C.H. 49 OF DEATH PIRATE TO THE STATE OF TH	40 East	s, far adva	ecord) INTERVAL ONSET A	
L CERTIFICATION	DISEASE CThis does heart failur injury or DISEASE RISE TO THUNDERLY OTHER SIGITO THE DISEASE OF	E OR CONDITION LEADING TO DE, not mean the mode re, asthenia, etc. It m complication which ANTECEDENT CAL G OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION (I) NIFICANT CONDITION	I DIRECTLY ATH of dying, e.g. eans the disease caused death. JSES IF ANY, GIVIN. A) STATING TH LAST. RELATED TO NG IT.	CAUSE (A) (B) (B) (C) TING THE	B.C.H. 49 OF DEATH iratery Front Tube active onary emph	40 East	s, far adva	nced	NO DEA
RTIFICATION	DISEASES RISE TO THE DISEASE OI TO THE DISEASE O	E OR CONDITION LEADING TO DE. not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A TING CONDITION INTERCENT CONDITION DEATH BUT NOT R CONDITION CAUSIN	I DIRECTLY ATH of dying, e.g. eans the disease caused death. JSES IF ANY, GIVIN.) STATING TH LAST. NS CONTRIBU RELATED TO NG IT. 19B. CONDIT WAS PERFORMATION OF 21B. YING 21B. 21B. OF abouth	CAUSE (A) (B) (B) (C) TING THE	B.C.H. 49 OF DEATH irstery Frontary tube active onary emph	rculosi: ysema	s, far adva	nced To ZO. AUT IN YES	OPSY?

238. ADDRESS 4940 Eastern Avenue 23c. DATE SIGNED 7-17-1953 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS Juntanglow

See query reply in Document file.

VS 150

The

CERTIFICATE AMENDED

Registered No.

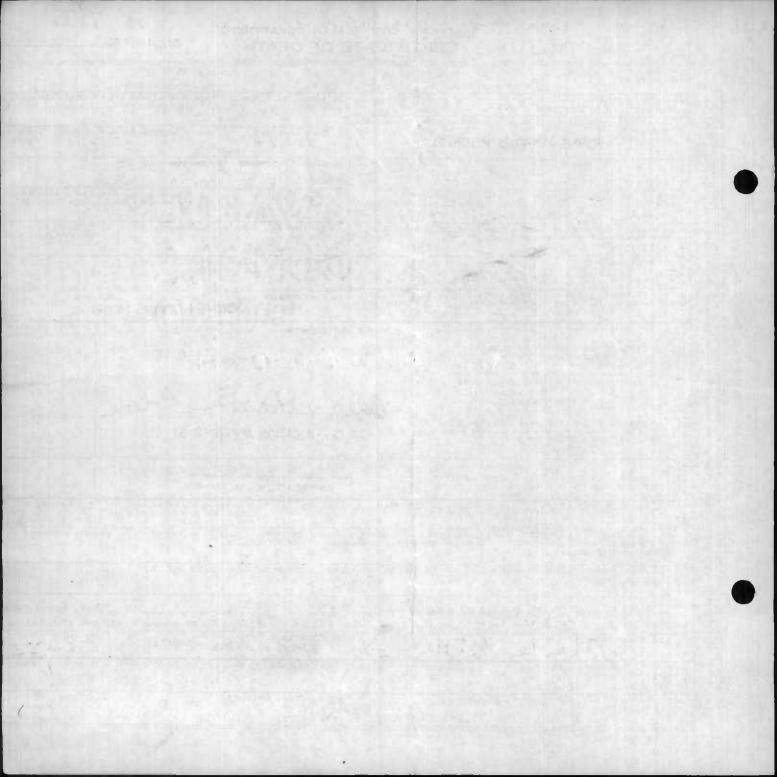
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

E	3 71	04		CERTIFI	E OF DE	ATH	Registe	ered No.	1.10 1	
BM	NAME OF DE	CFASED						2. DATE		
(Type or Print) Clara Young								OF DEATH	July	21-1953
	PLACE OF DE	ATH: ity, Maryland		4. USUAL RE	SIDENCE (W)	nere deceased li	ved. If inst	itution : residence before admission)		
В. І	FULL NAME (ddress or	Maryland						
INS	STITUTION	Baltimore C 4940 Easter	ity Ho	spitals	iocation	c. CITY OR TO	Baltimo		te limite, W	rite RURAL and give township)
7	T	. D. W.		30	Yrs. Mos.		DDRESS (If r			5
	Length of St	ay in Baltimore		30yr 8	Days	8. DATE OF B		O ACE Un no	nau Willinda	1 Veet H Hades 24 Hanca
F		N	MIDO	wed, divorced	(Specify)		7	last birthda	Month	B Days Hours Min.
		CUPATION (Give kind of working life, even if retired	10B. KIN	D OF BUSINESS	S OR DUSTRY	11. BIRTHPLA Virginis		reign country)	12	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N					14. MOTHER'S	MAIDEN NA	ME		
		Frank I	oung						122	?
15. (Yes	WAS DECEASE no or unknown)	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMA				
						Records:	Baltimor	e City H	ospita	
	18. 286	, 5			AUSE	OF DEATH				ONSET AND DEATH
		E OR CONDITION LEADING TO DEA	TH		Urem	do				Unknown
	heart failur	not mean the mode	ans the disea	se,	V-19E					
	injury or complication which caused death.) DUE TO									
Z		ANTECEDENT CAU	SES	(B)	Maln	utrition a	and acute	cardiac	fail	re.
01	RISE TO TH	OR CONDITIONS, HE ABOVE CAUSE (A)	STATING T							
CA	UNDERLY	ING CONDITION L	AST.	(C)				***************************************		*******************************
臣		11								
ERTIFICATION	TO THE	DEATH BUT NOT	RELATED T							
Ü.			198. COND	ITION FOR WH	ICH OF	PERATION		ION WAS RELA		20. AUTOPSY?
CAL			WAS PERFO	ORMED			PART I OI			YES NO
EDI	OR CONTRIB	NT WAS UNDERLY UTING CAUSE OF MEDICAL EXAMIN	Fabou	B. PLACE OF IN t home, farm, factory, s			HERE DID () Y OCCUR?	f in Baltimore	e City, giv	e exact location)
Σ	21D. TIME () OF INJURY	Month) (Day) (Year) (Hour)	21E. INJURY O						
	O. MOOK!	-	nı.	WHILE AT WORK	AT WOR	K				
	22. I hereby	y certify that I at	tended the	e deceased from	m 7-2	1-				hat I last saw the
	deccased al	ive on 1-21-	, 19 53	, and that deat	th occur	rred at 9.20	PM., from th	e causes and		date stated above.
	23A, SIGNAT	URE HAL		00.		38. ADDRESS	rn Ave	Raltimor		July 22-53
24	A. BURIAL, C	REMA- 248. DATE	1110	24C. NAME OF	M. D. CEMETE	RY OR CREMAT	ORY 24D. LC	CATION (City	, town, or	county) (State)
TIO	N, REMOVAL (S	pecify)		UNIVERS	ALCO MACO	ICAL SCHOOL A		353		
								/V W		

See query reply in Document file.

2	ned Expan Case Timore CITY HE	EACH BEPARTMENT SITULTS 7105
BIRTH	OSTA 7105 CERTIFICATE	E OF DEATH Registered No.
	r Print) Trancella Con	ush OF Oug. 5, 1953
Balt	CE OF DEATH: timore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, Knastitution: residence before admission)
OSPIT	TAL OR UTION JOHNS HOPKINS HOSPITAL	
Len	gth of stay in Baltimore 2, fe Mos. Days	D. STREET ADDRESS (If rural, give location)
SEX	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In years of Under I Year last birthday) 19. AGE (In year last birthday) 19. AGE (I
	GUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY	BALLIMORS M 12. CITIZEN OF WHAT COUNTS
3. FAT	MICE / A GUILLY	14. MOTHER'S MAIDEN NAME PALENCE SAVOV
	S DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL runknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL
NO DE	neart failure, asthenia, etc. It means the disease, niury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	certification approved by
2 2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Milion Worth M. D. -enter or asst medical examiner.
	DISEASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO 20, AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II
0 21A	. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (CONTRIBUTING CAUSE OF about home, farm, factory, street, office ATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or ebidg., etc.) INJURY OCCUR?
210	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI INJURY WHILE AT NOT WHILE MORK AT WORK	ILE TO THE TOTAL PROPERTY OF THE PROPERTY OF T
		8 5 1953to , 19 , that I last saw
	a signature fert. Herron?	238. ADDRESS HOPKINS HOSPITAL 23C. DATE SIGN
BUR	BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE EMOVAL (Specify) 8-8-53	ARY OR CREMATORY 24D. LOCATION (City, town, or county) (Sta
5475	RECEIVED BY REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECTOR

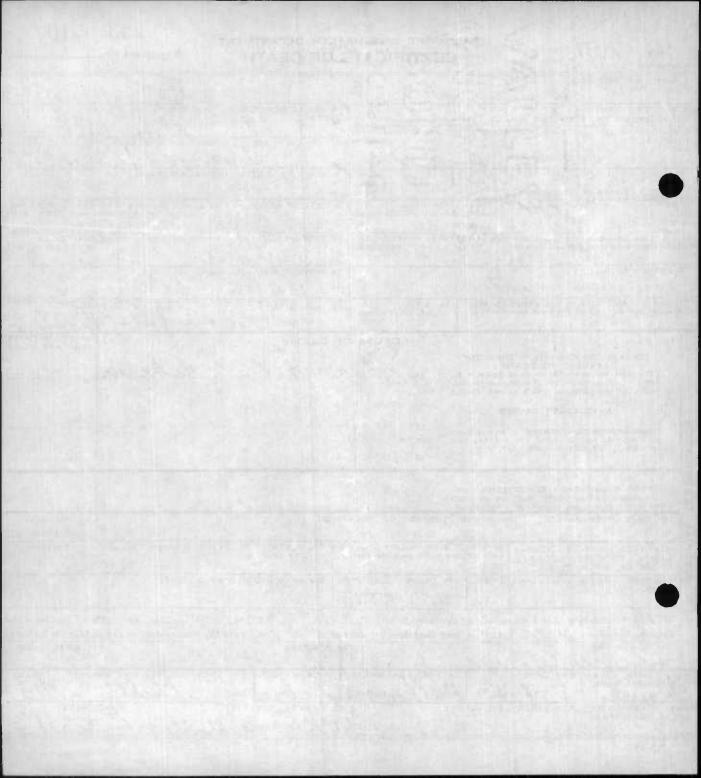
VS 150



11-426

	53	7:106				HEALTH DEPART		Registered 1	711	56
1	RTH NO),			CERTIFICA	IE OF DEAT	П			
	NAME ype or P		ard A	Nell	You			2. DATE OF	A /TH	1950
		OF DEATH		P -	T		ENCE (Who	DEATH HO		
В.		ore City, I		al or instituti	on, give street address locatio		D	B. COUNTY		e admission)
	STITUT	ION	12 W.O.	venlea		c. CITY OR TOWN	To.	tside corporate limi	2-0	AL and give
					Yrs Mos		ESS (If run	ral, give location)		
C.	SEX		Baltimore	LITE	Day . MARRIED,	8 4012 C	rerle			K U-1 - A1 W-
٥.	M	0.00	W	Widow	ED, DIVORCED (Speci		1863	e. AGE (in years last birthday)		fi Under 24 Hours Hours Min.
1C wor	A. USUA k done durin	L OCCUPA	TION (Give kind of g life, even if retired)	108 KIND	OF BUSINESS OR		State or fore	ign country)	12. CITIZE	N OF COUNTRY
	SALE	SMAN		LESTHE	0 1	BALTO.	CITY	MD	us	A.
13	. FATHE	R'S NAME	T 10	IL.		14. MOTHER'S MA	AIDEN NAM	MA - (-) -		
15	. WAS DE	CE SED EVE	R IN U, S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	e /	reyers	DDRESS	
(Ye	s, no or unl		res, give war or date	s of service)	SECURITY NO.	Mrs CHAIS	TNOIK	r-4010 W.	0	A., .
	18. 4	77.1			CAUSE	OF DEATH	7/-//		INTERVA	L BETWEEN
	6		CONDITION		0	1.	7.		ONSE	ANO DEATH
	(Thi	s does not m	nean the mode of nenia, etc. It mea	of dying, e.g.	. (A)	nince	rege	racus	4/6	7720
	inju	ry or compl	ication which	aused death.	DUE TO	0 1	-10	/		
		ANTE	CEDENT CAUS	ES		Unteres	-1	11 - Nove	110	yes
0	DISI	EASES OR C	ONDITIONS, I	F ANY, GIVING	(B)	-co cocon	7,500			
ERTIFICATION	UNE	ERLYING	CONDITION LA	STATING TH	(C)					
FIG					(0)		***************************************			
RT			ICANT CONDI							
CE	TRIB TO T	HE OISEASE	OR CONDITION	NOT RELATED						
1	19A. DA	ATE OF OPE	ERATION 1	9B. MAJOR	FINDINGS OF OPI	ERATION	11.5			JTOPSY?
EDICAL	LYING	OR CON	VAS UNDER- TRIBUTING	21B. PLA about home, fa	CE OF INJURY (e. g.	, in or 21c. WHERE I	DID (If i	in Baltimore City,	give exact lo	_ NO
Σ		ME (Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCUR	RED 21F. HOW DIE	INJURY	OCCUR?		
		URY		w	HILE AT NOT WHI!	E				
	22. I I	iercby cert	ify that I att		deceased from	traleur 19 5	3 to a	eegt 12, 195	3 that I la	st saw the
					and that death oce	urred at Am.	, from the	causes and on t	he date sta	ted above.
	234.8	SNATURE	IN	1-	-0	23B. ADDRESS	Pe.		23C. DAT	E SIGNED
24	4A. BUR	IAL, CREMA- VAL (Specify)	24B. DATE	2	4c. NAME OF CEMET	TERY OR CREMATORY	24D. LOC	ATION (City, town	or county	(State)
TI	Buriz	VAL (Specify)	8/0/5.	2	Loudow PAT	K Com	BA			MD
D.	ATE REC	EIVED BY	REGISTRAR	S SIGNATU	RE / ID	25. FUNERAL DIE	RECTOR		ADDRESS	
4	uc 7	1053	Month	into	Halicenter-3	GASSAHW F	Greral	Home 7401	Belzir	RJ.
77	vs 1	50		0					To. 6. 1	

1. W. Overlea Ave.



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Mary Louise Storms DEATH Aug 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or Marvland B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3613 Elmley Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mon 3613 Elmley Ave. gth of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 9. AGE (In years | if Under 1 Year | if Under 24 Hours last birthday) | Months: Days | Hours | Min. March 25, 1866 Widowed 10A. USUAL OCCUPATION (Give kind of IOB, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

INDUSTRY

Housewife at Home 13. FATHER'S NAME Fredrick H. Bartell 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yos, give war or dates of service) 16. SOCIAL SECURITY NO.

> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

> > ANTECEDENT CAUSES

UNDERLYING CONDITION LAST.

Henrietta Kruger 17. INFORMANT Wm. Henry Storms

CAUSE OF DEATH

injury or complication which caused death.) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

21c. WHERE DID

INJURY OCCUR?

Germany

14. MOTHER'S MAIDEN NAME

(If in Baltimore City, give exact location)

20. AUTOPS

YES

township)

WHAT COUNTRY?

INTERVÁL BETWEEN

ONSET AND DEATH

U.S.A.

RidgeWayEsavenue

Lutherville, Md

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 198, MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

work done during most of working life, even if retired)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21B. PLACE OF INJURY (e. g., in or

ebout home, farm, factory, street, office bldg., etc.)

INJURY 22. I hereby certify that I attended the deccased from was

deceded alive on Line 1, 19 3 and that death occurred at 4, 30 m, from the causes and on the date stated above. 23A. SIGNATURE

238 ADDRESS

21F, HOW DID INJURY OCCUR?

1923 that I last saw the 23C DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24s, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

Druid Ridge Cemetery 7953 Baltimore, Maryland Burial 25. FUNERAL DIRECTOR H. DATE RECEIVED BY REGISTRAR'S SIGNATURE Sander & ADDRESS LOCAL REGISTRAR

Ave. & Broadway

VS 150

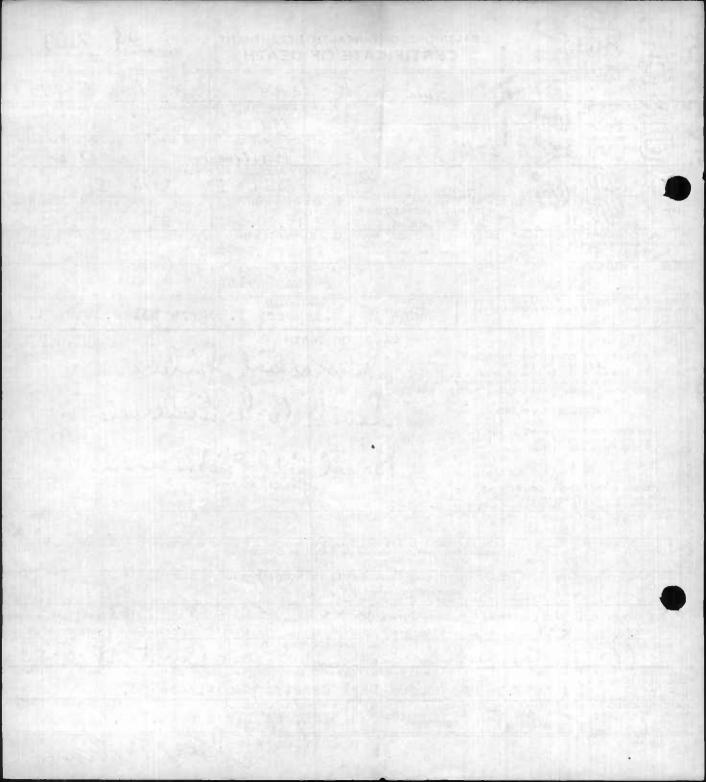
EDICAL

(State)

N-262 53 7109

CERTIFICATE OF DEATH Registered No. BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	OEKTH TOATE	OI BLAITI
1. NAME OF DECEASED (Type or Print) SARAH	ALICE TO	POGERS 2. DATE OF DEATH AUG 5, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in bospital or institution 1) 1 33/ F 3014	location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 12-0 2 township)
	Yrs. Mos. Vrs Days	D. STREET ADDRESS (If rural, give location) 331 E. 3044 St.
To Wyo	DIVORCED (Specify)	B. DATE OF BIRTH 9. AGE (In years last birthday) July. 20. 1860 9. AGE (In years last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekinder 10B. KIND work dooe during most of working life, even if retired) Housewille	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Somerset County Md. 12. CITIZEN OF WHAT COUNTRY? USA
John W. Thomas		14. MOTHER'S MAIDEN NAME Susan Taylor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or ooknowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	Miss Mary T.Rogers 331 E.30th St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the diseas injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE OEATH, BUT NOT RELATE TO THE OISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B. MAJOR	(B) DUE TO (C) Back	ile Confernicelerosis al Cell Epithylinia Jace + Harlt
□ HOMICIDE (Specify) about home, for	CE OF INJURY (e. g., io e arm, factory, street, office bldg., etc	
22. I hereby certify that I attended the	and that death becurre	
24A. BURIAT. CREMA- 24B. DATE TION, REMOVAL (Specify) Burial July 7.1953	24C. NAME OF CEMETER	Y OR CREMATORY 240. LOCATION (City, town, or county) (State) Cemetery Baltimore Md.
DATE RECEIVED BY REGISTRAR'S SIGNATULOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS HENRY SANDER & SONS. INC.
VS 150		Baltimore Md. Segs F. Sunder

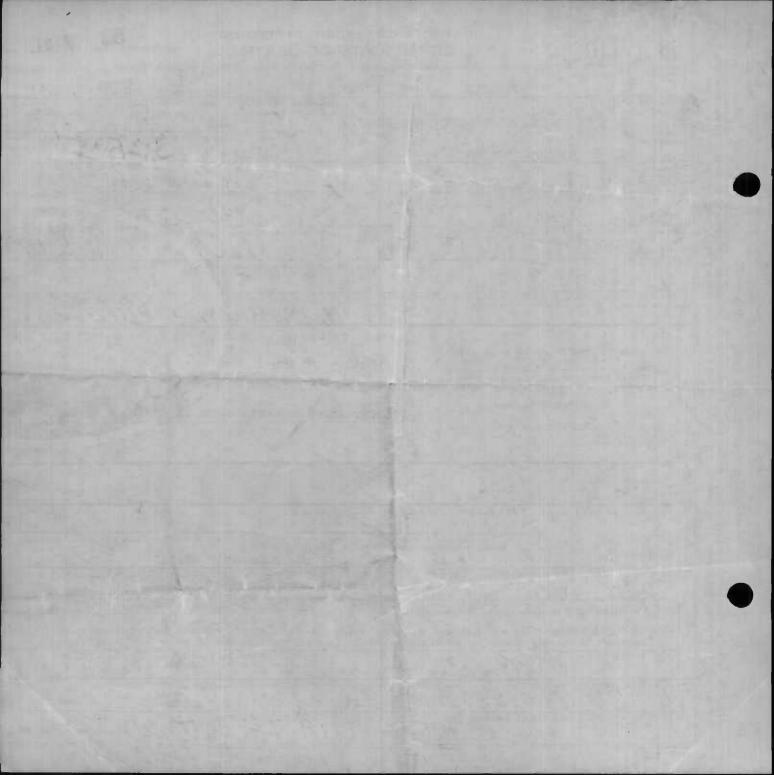


correct

The

1-272.				
EQ mi O		EALTH DEPARTMENT	:53	17540
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	1110
1. NAME OF DECEASED (Type or Print)			2. DATE	
PRESTON	JOHNS			2, 1953
a. Baltimore City, Maryland	ALC: N	4. USUAL RESIDENCE (Whe	re deceased lived. If inst. B. COUNTY	itution : residence before admission
B. FULL NAME OF f not in hospital or institu	ution, give street address or	Maryland		verore administry
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If our	tside corporate limits, w	rite RURAL and giv
Johns Hopkins Hos	pital	Baltimore		township
	Yrs. Mos.	D. STREET ADDRESS (If rur		
c. Length of stay in Baltimore	Days		arle Street	
Male Colored WIDO	LE. MARRIED. WED-DIVORCED (Specify)	2-11-1896	AGE (in years fi Under last hirthday) Months	Days Hours Min
10A. USUAL OCCUPATION (Givekind of tops. KIN work done litring most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State or foreign	gn country) 12.	CITIZEN OF
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	1.2.01
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL	17 (NEOSMANE)	111	
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Mis Johnson	1- rolling	varle st
18. E 983X	CAUSE	OF DEATH		INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		V		STORE AND BEAT
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disce injury or complication which caused dea	ase,	re of skull		
ANTECEDENT CAUSES	, artificati			Contract Contract
		tion and contusion	of brain	
DISEASES OR CONDITIONS, IF ANY, GIV	ING THE DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(C)			
D				
OTHER SIGNIFICANT CONDITIONS CO				
TO THE DISEASE OR CONDITION CAUSING	IT			
19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS 21B. PL	ACE OF INJURY (e.g., in	or 21c. WHERE DID (If it	D.14:	YES X NO L
218. PL UNDERLYING M OR CONTRIB. about home UTING CAUSE OF DEATH.	farm, factory, street, office bldg., et	te.) INJURY OCCUR?	n Baltimore City, give	exact location)
	Home	102 Albemarle S		
Z 210. TIME (Month) (Day) (Year) (Hour) OF INJURY	2 IE. INJURY OCCURRE	-		
8/2/53 12:00 noon m.	WORK AT WORK			airs
22. I certify that I took charge of the	e remains described a		4 4	nereon and from
the evidence obtained by said Aut and death in my opinion resulted	opsy, Inspection or I from: natural causes	nguiry, find that said decce	pection or Inquiry ased died on the d homicide N. unde	ay stated above
23A. SIGNATURE RASSISSE	0	23B. CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA D. MEDICAL INVESTIGATOR		ATE SIGNED
244 BURIAL CREMA- 248. DATE		RY OR CREMATORY 240 LOCA		

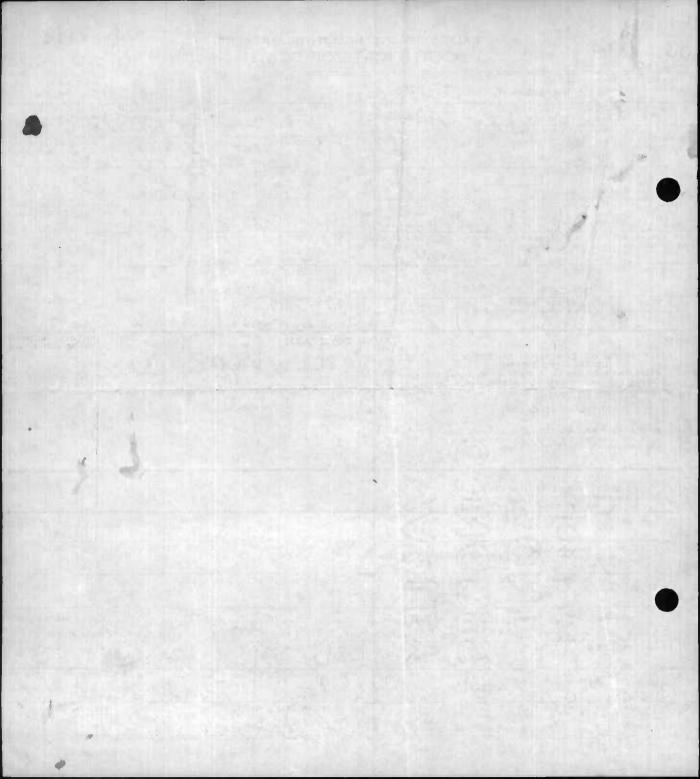
ndetermined []. DATE SIGNED DATE RECEIVED BY LOCAL REGISTRAR ADDRESS VS 151 803.



(NAME OF D ype or Print)		shael Wartman		2. DATE OF DEATH 8-5-5	3
Α.		City, Maryland		A. STATE	CE (Where deceased lived. If in B. COUNTY	stitution: residence before admission
HC	FULL NAME OSPITAL OR ISTITUTION	Baltimer	al or institution, give street address or city Hespital docation)	c. CITY OR TOWN Baltimere	(If outside corporate limits,	write RURAL and g
c.	Length of s	tay in Baltimore	Yrs. Mos. Days		S (If rural, give location)	
5. Ma	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Jan. 18, 191	lost his heave) Mont	nder 1 Year If Under 24 H ths Days Hours M
work	ONTR	of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta		2. CITIZEN OF WHAT COUNTS
13	. FATHER'S	HAITY WA		14. MOTHER'S MAIL	ne Ceiaslik	
15 (Yes	. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES? s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Re	eerės, 4940 Easte	DRESS
ATION	injury or DISEASE RISE TO 1	re, asthenia, etc. It mee complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	caused death.) DUE TO SES (B) INPERT FANY, GIVING STATING THE DUE TO	ensive Cardie	Vascular Disease.	
RTIFIC.		III				
L CERTI	TO THE	DEATH BUT NOT R CONDITION CAUSING	RELATED TO THE	CA	OPERATION WAS RELATED TO USE OF DEATH. ENTER IN PT 1 OP PAPT 11	20. AUTOPSY7
EDICAL CERTI	TO THE DISEASE OF 19A. DATE OF CONTRIL DEATH (NOT	DEATH BUT NOT PROPERTY OF THE	PELATED TO THE 3 IT. 9B. CONDITION FOR WHICH OF VAS PERFORMED ING 21B. PLACE OF INJURY (about home, farm, fectory, street, office	(e. g., in or 21c. WHERE bldg., etc.)	USE OF DEATH, ENTER IN RT 1 OR PART II DID (If in Baltimore City, g CUR?	YES NO
CAL CERTI	TO THE DISEASE OF 19A. DATE OF CONTRIL DEATH (NOT	ENT WAS UNDERLY	PELATED TO THE 3 IT. 9B. CONDITION FOR WHICH OF VAS PERFORMED ING 21B. PLACE OF INJURY (about home, farm, fectory, street, office	(e. g., in or 21c. WHERE bldg., etc.) INJURY OCC	USE OF DEATH. ENTER IN RT 1 OR PART II DID (If in Baltimore City, g	YES NO
EDICAL CERTI	TO THE DISEASE CO. 19A. DATE CO. 19A. DATE CO. 19A. ACCID OR CONTRIL DEATH (NO. 21D. TIME OF INJURY)	ENT WAS UNDERLY BUTING CAUSE ENT WAS UNDERLY BUTING CAUSE OF CIFY MEDICAL EXAMINE (Month) (Day) (Year) Ty certify that I at live on Ann.	RELATED TO THE 3 IT. 9B. CONDITION FOR WHICH OF VAS PERFORMED ING 21B. PLACE OF INJURY (about home, farm, feetory, street, office while at Not white of the deceased from 1953, and that death occur.	(e. g., in or bldg., etc.) INJURY OCC	USE OF DEATH. ENTER IN IRT 1 OR PART II DID (If in Baltimore City, governor) ID INJURY OCCUR? to Aug 5, 195319—, from the causes and on the	YES NO NO live exact location) that I last saw

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore Oity, Maryland POUNTY before all B. FULL NAME OF (If not in hospital or institution, give street ddress or location) HOSPITAL OR (If outside corporate, limits, write, RWRAL and give OR TOWN INSTITUTION D. STREET ADDRESS Yrs. (If rural, give location) Mos. gth of stay in Baltimore Days 7. SINGLE, MARRIED G-COLORNOR RACE 8. DATE OF BIRTH AGE (In years | ff Under | Year | Il Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) dower 10A. USUAL OCCUPATION (Give kind of 11. BIFTHPLACE (State or foreign country) 108 KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired. INDUSTRY WHAT COUNTRY alroce wand 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Un Chour 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 322 W. Frestos unes Dage INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. 19 , 19___, that I last saw the _, and that death occurred at 1015 m. from the causes and on the date stated above. deceased alive on. 19_ 23A. SIGNATURA 23B. ADDRESS 23c DATE SIGNED 24A. BURIAL, CREMA 24C. NAME OF CEMETERY OR DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



3	Type or Print) . PLACE OF D Raltimore (Fauntlerey- Audrey	4. USUAL RESID		ATH	titution : resi
B. H	FULL NAME	OF (If not in hespits Baltimore	al or institution, give street address of City Respitals ocation	c. CITY OR TOWN	N (If outside ç	erporate limits, w	
15		4940 Bast	tern Ave.	Balti		of C -	01.
	Length of s	stav in Baltimore	Yrs. Mos. Days	D. STREET ADDR	t West St.	NAME OF TAXABLE PARTY.	
5	s. SEX	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specific	8. DATE OF BIRT	H 9. AGI		Br l Year If Ua s Days Hou 24
10 wor		CCUPATION (Give kind of of working life, even if retired)	10в. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE		untry) 12	CITIZEN C
1:	3. FATHER'S 1		Levis	14. MOTHER'S MA			
(Y)	5. WAS DECEAS	ED EVER IN U. S. ARMED (If yos, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	eseris, 49		RESS \
	(This does		43 32		•••••		
SATION	heart failt injury or	are, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	aused death.) DUE TO ES (B)	aburd is = 45 ²⁵	भु <i>र र</i> ेर शह		
NO	heart failt injury or DISEASE RISE TO TUNDERLY	are, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A)	aused death.) DUE TO SES (B) F ANY, GIVING STATING THE DUE TO ST. (C) CONTRIBUTING RELATED TO THE	- 40 J	Ne File Sign		
CERTIFICATION	DISEASE RISE TO THE DISEASE C	are, asthenia, etc. It mean complication which complication which complication which complications is complicated as the complication of the complication conditions of complication consistency of complications of complications consistency of complications of complications consistency of complications consistency of complications consistency of complications of complications of complications are complicated as the complex consistency of the complications of the complex consistency of the complex consist	aused death.) DUE TO SES (B) F ANY, GIVING STATING THE DUE TO ST. (C) CONTRIBUTING RELATED TO THE	DPERATION	IF OPERATION WA CAUSE OF DEAT PART I OR PART	S RELATED TO H, ENTER IN	20. AUTOR
CERTIFICATION	heart failuinjury or DISEASE RISE TO TUNDERL' OTHER SIG TO THE DISEASE C 19A. DATE C	are, asthenia, etc. It mean complication which complication which complication which complications is complicated as the complication of the complication conditions of complication consistency of complications of complications consistency of complications of complications consistency of complications consistency of complications consistency of complications of complications of complications are complicated as the complex consistency of the complications of the complex consistency of the complex consist	aused death.) DUE TO SES (B)	DPERATION (e. g., in or 21c. WHE	IF OPERATION WA CAUSE OF DEAT PART I OR PART RE DID (If in Ba	S RELATED TO H, ENTER IN	20. AUTO
CERTIFICATION	heart failt injury or DISEASE RISE TO TUNDERLY OTHER SIGNOTHE DISEASE COMMENT OF THE DISEASE COMMENT OR CONTRIBUTED OR CONTRI	are, asthenia, etc. It mean complication which complication which complication which complications are complications. It is a complication to the complication of the complication complication complications of complications of complications. It is complication to the complication complication complication complication complications of complications. It is complication to the complication complication complication complications are complicated to the complication complication complication complication.	aused death.) DUE TO SES (B)	OPERATION (c. g., in or cobldg., etc.) RED 21F. HOW	IF OPERATION WA CAUSE OF DEAT PART I OR PART RE DID (If in Ba	AS RELATED TO I'H, ENTER IN II altimore City, giv	20. AUTOR
EDICAL CERTIFICATION	DISEASE RISE TO T UNDERL' OTHER SIG TO THE DISEASE C 19A. DATE C 21A. ACCID OR CONTRII DEATH (NOT 21D. TIME OF INJURY	ANTECEDENT CAUSE OF CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA DEATH BUT NOT FOR CONDITION CAUSING OF OPERATION WENT WAS UNDERLYIBUTING CAUSE OF TIFY MEDICAL EXAMINE (Month) (Day) (Year)	aused death.) DUE TO ESS (B)	(e. g., in or cobldg., etc.) RED 21F. HOW	IF OPERATION WA CAUSE OF DEAT PART I OR PART RE DID (If in Baccur? DID INJURY OF DID	S RELATED TO THE ENTER IN altimore City, give CCUR?	20. AUTOI YES Cexact loca

F-5-34

TO SELECT THE THE PARTY OF THE WORLD and hand the party commended AVA PROCESS PART NE-122 Start Start AST C. St. with 4 State of the latest and the latest a - to fill San All savelys. S. J. F. Weenstin, 19-10 Shatenn Ave. ATTEMPT OF THE PARTY OF THE PAR Hamana -. Tred Street Carrier

The	ВІ	ВТН 563	7114		TE OF DEA	TH Registered N	7114
	(T	NAME OF D		Harry A. Jones		2. DATE OF DEATH 8-2-1	953
supplie	Α.		City, Maryland	tal or institution, give street addre	A. STATE	SIDENCE (Where deceased lived, If B. COUNTY	
carefully supplied.		OSPITAL OR ISTITUTION	Baltimore C: 4940 Eastern		c. CITY OR TO	WN (If outside corporate limits	, write RURAL and giv township
care	c.	Length of s	tay in Baltimore	T.O. M		DRESS (If rural, give location) BWK Ave. zone 7	
should be carefu	5.	SEX M	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Sp. Widowed	8. DATE OF BIT	RTH 9. AGE (In years) If	Under I Year H Under 24 Hours Min.
on shou	worl	k done during most o	CUPATION (Give kind of working life, even if retired	108. KIND OF BUSINESS OF INDUS	Md.	E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
information s of death cle		FATHER'S	Oliver	Bell (Bett)	14. MOTHER'S Mary Jan	MAIDEN NAME	
em of inform	(Ye	. WAS DECEASE . no or unknown)	ED EVER IN U.S. ARME (If yes, givo war or dat	D FORCES? 16. SOCIAL SECURITY N	Records:	Altimore City Hospit' 4940 Eastern Ave.	DERESS V
MAKGIN KESENVED FOR J UNFADING INK. Every item Physicians: please write the cau	RTIFICATION	heart failu injury or DISEASES RISE TO T UNDERLY	LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) 'ING CONDITION L II NIFICANT CONDITIONS DEATH BUT NOT	of dying, e.g., ans the disease, caused death.) DUE TO SES (B)	ronekepneumo		
ht	AL CE	DISEASE O	F OPERATION		OPERATION	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER II PART I OR PART II	
ILY, WITH important.	MEDIC,	OR CONTRIE	NT WAS UNDERLY BUTING CAUSE O IFY MEDICAL EXAMIN Month) (Day) (Year	about home, farm, factory, street,	office bidg., etc.) INJURY	HERE DID (If in Baitimore City, OCCUR?	give exact location)
LAINLY,		OF INJURY	Month) (Day) (Tear	WHILE AT NOT	WHILE WORK	OW DID INJURY OCCUR?	
7 60		deceased al	ive on 8-2-	tended the deceased from, 19 53 , and that death o	ccurred at 3.20A	952, to 8-2-, 19 5 m., from the eauses and on th	that I last saw the date stated above
Pec				0	23B. ADDRESS		DATE CLONES
WRITE P	24	23A. SIGNAT	457	ahu de M.D.	4940 Easter	n Ave. Baltimore M	23c. DATE SIGNED 8-2-1953 or county) (State)
P	TIC D	4A. BURIAL, CON REMOVAL (S	CREMA- 24B. DATE Pecify Aug.	7,1953 LOUDEN	4940 Easter	RY 24D. LOCATION (City, town, DA CTIMOR DIRECTOR	8-2-1953

40-78 5- EN THE PROPERTY of the part of the first that Availability and Net September Consell Steam Total activities of the control of the con MARKET CONTRACTOR AND PARTY OF THE PROPERTY OF THE PARTY BEET BELLEVILLE BOND OF BUILDING SAME

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) GEORGE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. GQUNTY A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or Homone. HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Ville D. STREET ADDRESS (If rural, give location) Yrs. Mos. OAK GROVE AUE. ngth of stay in Baltimore Davs 9. AGE (In years | if Under 1 Year | If Under 24 Hours | Inst birthday) | Months; Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done-doring most of working life even if retired) Secty. & Tuens INDUSTRY WHAT COUNTRY 1V13N1A retined Publishing 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 120,1 and 1 X DISEASE OR CONDITION DIRECTLY ONSET AND DEATH LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-INOMA OF The Prostate TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21p. TIME (Month) (Day) (Year) (Hour) WHILE AT 22. I hereby certify that I attended the deceased from July 1953, to Ava , 19 that I last saw the deceased alive on Ave 6, 19 53, and that death occurred at_ 2m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATORE 24c. NAME OF CEMETERY OR 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

GIERMOUNT

vs 150 290 4

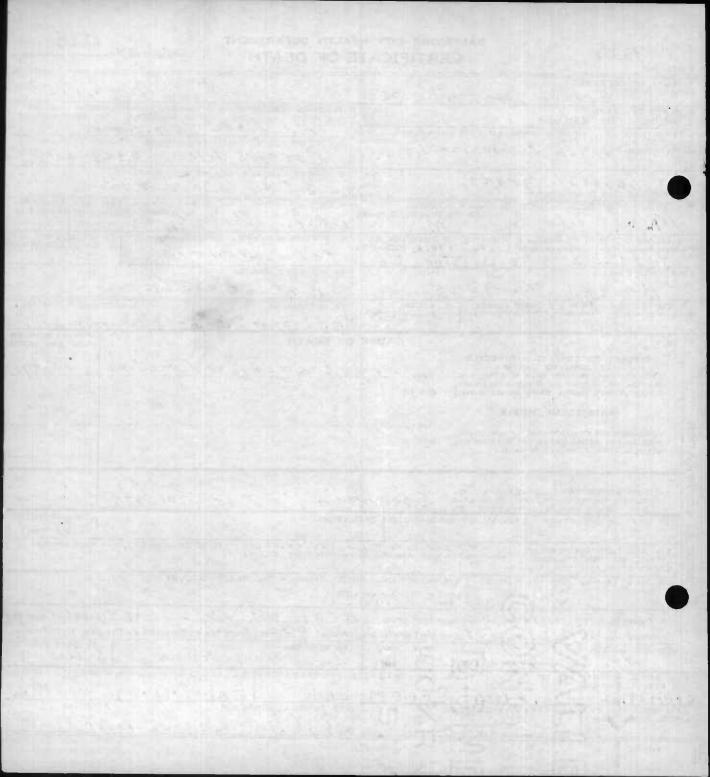
REGISTRAR'S SIGNATURE

CIEMATION

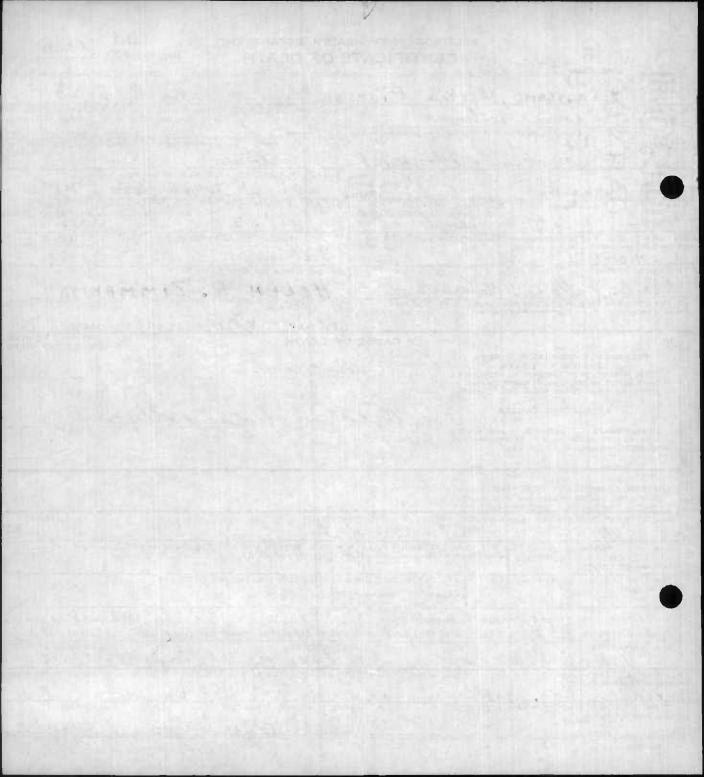
DATE RECEIVED BY LOCAL REGISTRAR

M

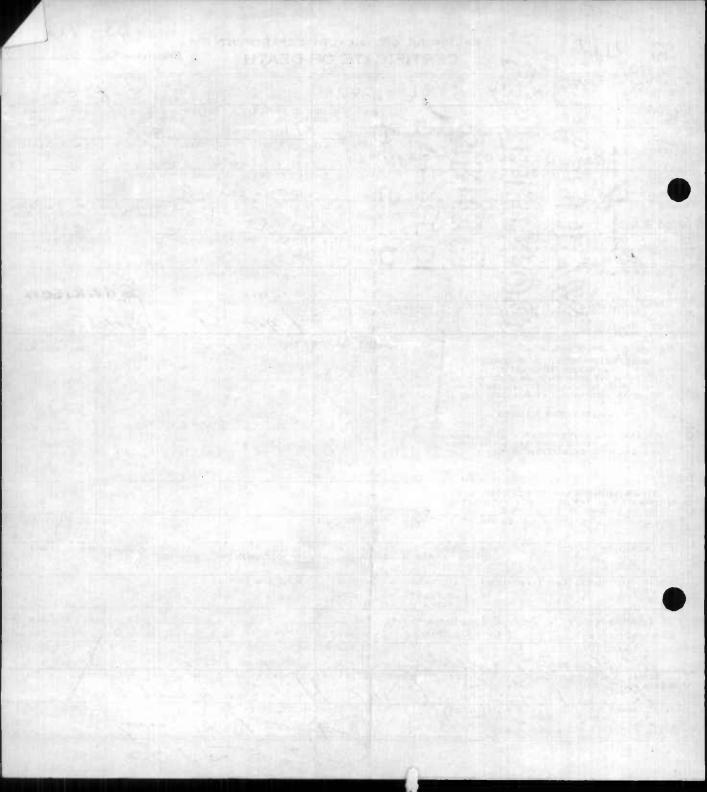
25, FUNERAL DIRECTOR



1	1-2	-7-(7-4-				X		
1	,		BAL	TIMORE CITY HE	EALTH DEPART	MENT	53	7116
ВІ	53 NO. 7	13.6 53-09	7278	CERTIFICAT	E OF DEAT	H Re	gistered No.	7.1.40
	NAME OF E		. Uar	tha Piers	SOL	2. DATI OF DEAT	8/5	5/53
	PLACE OF E	EATH:	Balter	WOHL	4. USUAL RESIDE	ENCE (Where decea		titution : residence before admission)
В.	FULL NAME			ion, give street address or		d.	12 al 7	instre
	STITUTION	01. 11		location)	C. CITY OR TOWN	(If outside con	porate limits, w	vrite RURAL and give township)
4	4	nion poe	wonle	Hospital	D. STREET ADDRE	SS (If rural, give	WAA.	2355
c	agth of	stay in Baltimore		3 1/2 - Mos.	605 0	J Joppa	Road	, 'MD .
	SEX	6. COLOR OR RACE		E. MARRIED, ED, DIYORCED (Specify)	8. DATE OF BIRTH			er 1 Year II Under 24 Hours ns: Days Hours Min.
	remale	White	Se	ugle	4/2//3	3	3	15
10 work	done during meet	CUPATION (Give kind of of worklog life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign coun	itry) 12	CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME	1		14. MOTHER'S MA	IDEN NAME		21. S. A.
	Charles	Patterson	, Ma Go	renoland	HALDX	PT	MAD	VMAN
15	. WAS DECEAS	ED EVER IN U, S. ARME	FORCES?	16. SOCIAL	17. INFORMANT	1402	ADD	RESS
(10	, oo or uokoowo)	(If yes, give war or date	s or service)	SECURITY NO.	Dr. Charles	P. McCAUSL	AND T	MM, 1402Wa
	18. 751	2		CAUSE	OF DEATH		7110 71	INTERVAL BETWEEN
	DISEA	SE OR CONDITION						CHSEL AND DEATH
	(This doe	LEADING TO DEA s not mean the mode oure, asthenia, etc. It mea	of dying, e.g	14)	aras mues)		** ************************************
		complication which						100000000000000000000000000000000000000
		ANTECEDENT CAUS	SES	1600.	otation of a		Al.	
O	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	oración of c	ocon and ce	a hour.	
ATI		THE ABOVE CAUSE (A) YING CONDITION LA						
i.				(C)			••••••	
ERTIFICATION	OTHER	II SIGNIFICANT COND	TIONS CON					
CEF	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	.D				
			9B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
CA	5/2	29/1953		al rotation of		ATE IN TO Let	O''	YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,			more City, give	e exact location)
2	21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR	?	
			m.	WHILE AT NOT WHILE				
	22. I herel	y certify that I att	tended the	deceased from 5	/28/ ,195.			that I last saw the
	deceased a	live on of	<u>, 1953</u> ,	and that death occur	rrea at 2.0 5 pm.	, from the causes		
	23A. SIGNA	iban Est	rinosa	M, D.	Union Me	envial Hos	petal	8/5/A3
24 TI	A. BURIAL, ON, REMOVAL (CREMA 248. DATE Specify)	2	24c, NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION	(City, town, or	county) (State)
<u> 13</u>	ULIAL	AU9,7,	1953	MoodLA	WM	NoodLA	AWM,	Md.
	TE RECEIVE CAL REGIST		S SIGNATU	Mission Min	John O.M.	Itchell of	no 1900	Entaw Pl.
	VS 150	0		Ø				



D-120		\times 53	7117
5.4 /111/	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print) BABY GIRL DA	VIS	2. DATE OF DEATH 8 -	5-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (W.	here deceased lived. If ins B. COUNTY	stitution : residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Bon Secours Hospital		outside corporate limits, v	townsh
Yrs. Mos. Days	D. STREET ADDRESS (If r	ural, give location)	5200
FEMALE 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8-5-53	9. AGE (In years Un last birthday) Mont	dei Year H Under 24 Ho hs Days Hours Mi
10A. USUAL OCCUPATION (Give kind of work done during most of work inglife, even if retired)	MD		2. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA		00:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nokoowo) (If yes, give war or detes of service) SECURITY NO.	17. INFORMANI		RRISON
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATEO	of phaces		
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.		in Baltimore City, give	YES NO
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT WORK AT WORK		OCCUR?	
22. I hereby certify that I attended the deceased from 8 deceased alive on 8-6, 19 53, and that death occur 23A. SIGNATURE 6. Pells from M.O.	7. 1953, to rred at 7 m., from th	de	date stated about 23c. DATE SIGNE
24A. BURIAL CREMA- 24B. BATE 110N, REMOUND Specify) 24C. NAMP OF CEMETE 110N, REMOUND Specify)	Here	Daelo.	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	he Cerry	DDRESS
VS 150	1,30 E. FO	J Aus.	

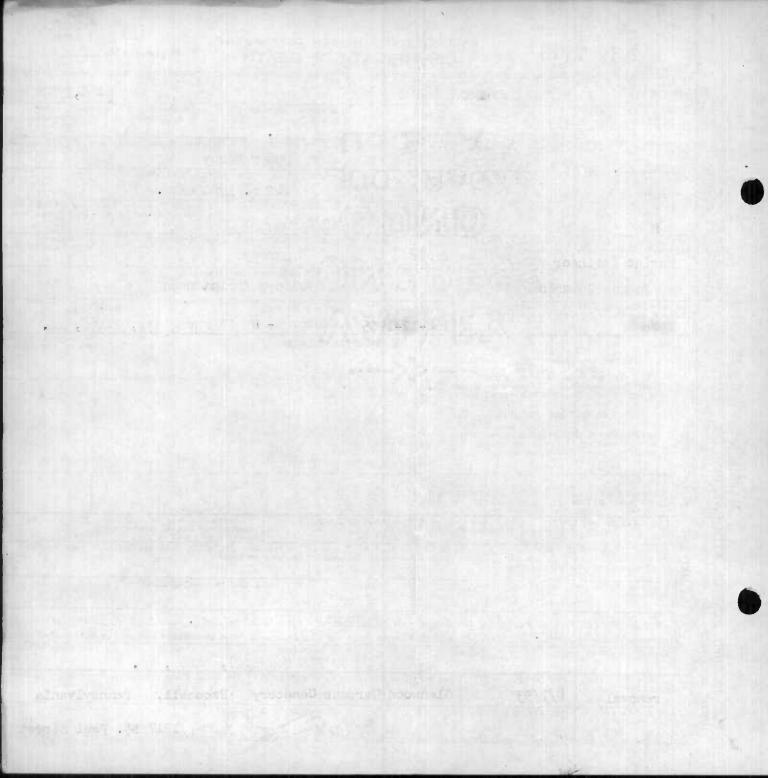


1 T-525

7718 50

	FO MAGE	TIMORE CITY HE			No.		
	1. NAME OF DECEASED (Type or Print) JOHN PETER JOHNSON	N		2. DATE OF Aug	ust 6,1953		
	3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	ICE (Where deceased lived, I	f institution : residence before admission		
	B. FULL NAME OF (If not in hospital or institut HOSPITAL OR US Public Health HOSPITAL)	Service location)	c. CITY OR TOWN Upper		its, write RURAL and giv township		
7.7	Wyman Pk. prive & 31st Stree less than 1		20 00	(If rural, give location)			
rga.	c. Length of stay in Baltimore	Mos. Days	212 S.	Lynn Blvd.			
alla	5. SEX 6. COLOR OR RACE 7. SINGLE WIDOW	E. MARRIED. VED. DIVORCED (Specify) Tried	8. DATE OF BIRTH 2/8/96	9. AGE (In years last birthday)	if Under 1 Year If Under 24 House fonths Days Hours Min.		
rearry	10A. USUAL OCCUPATION (Give kind of 10B. KINE	of Business OR INDUSTRY	11. BIRTHPLACE (St. Norway	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY		
learn c	13. FATHER'S NAME Joanes Johnson		14. MOTHER'S MAIL Valborg (DEN NAME Thristensen			
causes or o	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO. 168-12-1965	17. INFORMANT Records- US	PHS Hospital,	ADDRESS Balto, Md.		
ruysicians, piease witte	heart failure, asthenia, etc. It means the diseas in jury or complication which caused death ANTECEDENT CAUSES OF COMPLETE OF THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	(B)	A.A. 0.				
r.	O OISEASE OR CONDITION CAUSING IT.	ITION FOR WHICH O	PERATION IS	OPERATION WAS RELATED	TO I 20. AUTOPSY?		
int.	WAS PERFO	RMED	CA PA	AUSE OF OEATH. ENTER ART I OR PART II	IN YES NO		
important.	21a. ACCIDENT WAS UNDERLYING 21a OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	home, farm, factory, street, office	bldg.,etc.)	CUR?	y, give exact location,		
1	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
ecially	22. I hereby certify that I attended the	deceased from AU	gust 5 , 19 53	to Aug. 6 , 19	53that I last saw th		
esb	deceased alive on Aug. 1923,	and that death occur	rred at 2:10A m.,	from the causes and on	the date stated abov		
18	23a. SIGNATURE	м. о.		al, Balto, Md.	23c. DATE SIGNED		
ect age	24a. BURIAL. CREMA- TION, REMOVAL (Specify) removal 8/7/53	Glenwood Gard	ens Cemetery		ennsylvania		
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE OF THE PROPERTY OF THE	URE MY	25. FUNERAL DIRE	5(1)	Paul Street		
	AUG VS 150	5 Un	~~				

Williams, My Nem. Cook nc., 1217 St. Paul Street 24055



MARGIN RESERVED FOR BINDING

K. 152.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.___

BII	RTH NO.								
1. (Ty	NAME OF D ype or Print)	ECEASED Fr	encis A	. Kavanaugh			2. DATE OF Aug DEATH	ust 6,	1953
A.		City, Maryland			A. STATE		B. COUNTY	If institution be	n: residence fore admission)
HC	FULL NAME OSPITAL OR STITUTION	907 E. Bidd		ion, give street address or location) et	c. CITY OR TO	re (lf o	outside corporate lin	its, write R	O (winship)
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	907 E.	Biddle St			
	ale	6. COLOR OR RACE white	WIDOW	E, MARRIED, VED DIVORCED (Specify) rried	Feb. 28,		9. AGE (In years last birthday)	II Under 1 Year Months Duy	s Hours Min.
10. work	A. USUAL OC done during most of Patro	CUPATION (Give kind of of working life, even if retired)		of BUSINESS OR INDUSTRY	Baltimo:	ce (State or for re, Mary		12, CITI WHA	ZEN OF AT COUNTRY?
13	FATHER'S				14. MOTHER'S	_	ME		
15 (Yes	. WAS DECEASE, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN George W.		, 4519 Hamp	address nett A.	venue
ERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERLY OTHER SIG TO THE	SE OR CONDITION LEADING TO DEA's not mean the mode of the complex	TH of dying, e. g ans the diseas caused death SES F ANY, GIVIN STATING THAST. CONTRIBL RELATEO TO	(B)	Mryoca Ms	ry /h Brotre erlar	Caches- Dislace		ruddes ?
AL C		OF OPERATION A 1	98. CONDI WAS PERFO			PART I OF	ION WAS RELATED OEATH, ENTER R PART II	IN YES	AUTOPSY?
1EDICA	OR CONTRI	ENT WAS UNDERLY BUTING CAUSE OF	F about	bome, farm, factory, street, office	bldg.,etc.) INJUR	Y OCCUR?		ty, give exa	et location)
2	210, TIME OF INJURY	(Month) (Day) (Year)	m.	21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LECT	OW DID INJ	URY OCCUR?		(
	deceased a	TURE	, 19, 3,	and that death occu	rred at 1 H	1-h. Co	ilves fr	the date	SIGNED SIGNED
_	4A. BURIAL, ON, REMOVAL (S burial	18/10/53		Parkwood Cem	etery	Parkv	ille,		ryland
	ATE RECEIVE		'S SIGNATI	Miaius MF	Wm. 6	ook an	, 1217 St.		
200	VS 150	/	1		4 4				

773 50

the second second second All the same of th Without Township to the able to the control of the The state of the s

24A. BURNAL, GREMA-THOU REMOVAL (Specify)

DATE RECEIVED BY

MARGIN RESERVED FOR BINDING

The	53 7120 BALTIMORE CITY HEALTH DEPARTMENT 53 7120 CERTIFICATE OF DEATH Registered No.
supplied. T	NAME OF DECEASED Type or Print) Pearl V. Rantz Place OF DEATH Baltimore City, Maryland A. STATE Description A. STATE Description B. COUNTY Defore admission
lly	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) O. STREET ADDRESS (If rural, give location)
be carefu	I. I. Length of stay in Baltimore A
should be early and le	WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify) Window Widow Widow
information she s of death clearl	Clerk Clerk plung Da. 21-5 A. 3. FATHER'S NAME Clinka Lant Many Longer
of informaces of de	5. WAS DECEASED EVER IN U. S. ARMED PORCES? (se, no or unknown) (If yes, give war or dates of service) SECURITY NO. Was V. Junney 1030 June Vidas Re
very item ite the cau	18. 153 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO
G INK.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)
UNFADIN	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Ht.	19a DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS RELATED TO 20. AUTOPSY? Lefil 1953 WAS PERFORMED DEATH OF WHICH OPERATION WAS RELATED TO 20. AUTOPSY? LA CCIDENT WAS UNDERLYING 218. PLACE OF WJURY (Se., in or 21c. WHERE DID (If in Baltimore City, give exact location)
PLAINLY, WITH	OF CONTRIBUTING CAUSE OF about home, faroi, factory, etreet, office bidg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK WORK AT
ő.	22. I hereby certify that I attended the deceased from June 10, 19 3 to Cury 7, 195 that I last saw to deceased ally on regue 6, 195, and that death occurred at 5 A m., from the causes and on the date stated above
E WRITE	23A. SIGNETURE 23B. ADDRESS M. D. 6201 York Pa 23C. PATE SIGNED 24A. BURNAL SREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State 100 REMOVAL (Specify)

VS 150

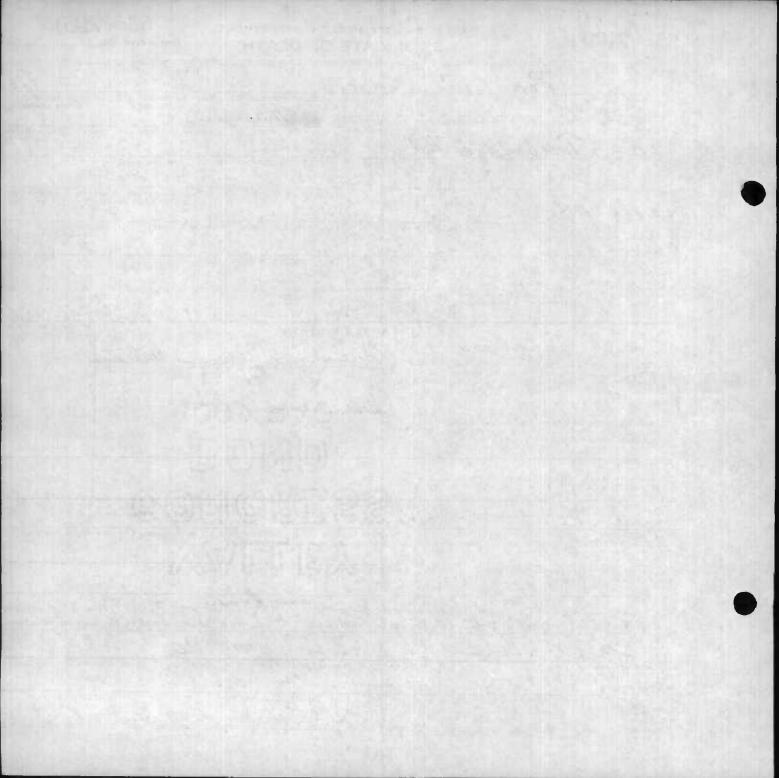
REGISTRAR'S SIGNATURE

24B DATE

25. FUNERAL DIRECTOR

ADDRESS

Ga



6 -	615
53	7121

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	7121
Registered No	S Topical

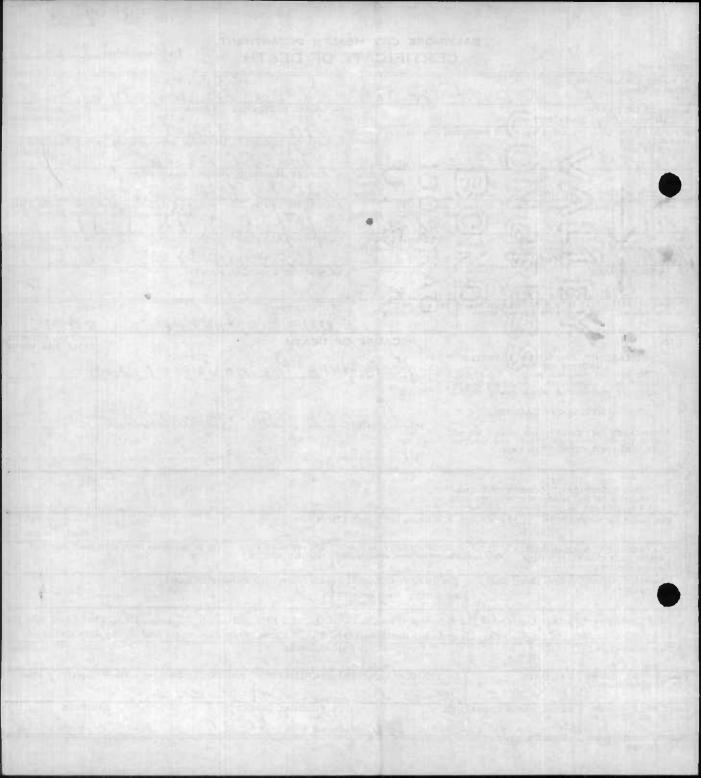
B	BIRTH NO.								
1.	NAME OF D'ype or Print)	ECEASE Betty Co	orbin			D-AIII	g. 6, 1953		
A.		City, Maryland		an olive atmost address on	4. USUAL RESIDENCE A. STATE Md.	CE (Where deceased lived, 8. COUNTY	If institution: residence before admission)		
II H	FULL NAME OSPITAL OR ISTITUTION	.524 N. Carey		on, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township				
c	Length of s	tay in Baltimore	?	Yrs. Mos. Days	1524 N. Car	(If rural, give location)	2.61		
MARKET THE	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED. EDVDIVORCED (Specify)	8. DATE OF BIRTH 3/18/96	9. AGE (In years last hirthday)	M Under 1 Year il Under 24 Hours Months Days Hours Min.		
10 wor	A. USUAL OC k done during most	CUPATION (Give kind of of vigital in a life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	te or foreign country)	USA USA		
13	3. FATHER'S	Ransom I	Dudley		14. MOTHER'S MAIDEN NAME Roseanna ?				
i (Y	5. WAS DECEAS se, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
RTIFICATION	injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
L CE	OISEASE C		3 IT.	TION FOR WHICH OF	CAL	OPERATION WAS RELATE USE OF DEATH, ENTER RT I OR PART II			
EDICA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF about bome, farm, factory, street, office bidg., etc.) INJURY OCCUR?								
2	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK								
	22. I hereby certify that I attended the deceased from 3/10/5/, 19, to 5/95, 19, that I last saw the deceased alive on 8/5/1, 19 and that death occurred at 230 Am., from the causes and on the date stated above. 23A. SIGNATURE. 23B. ADDRESS GOOT 23C. DATE SIGNED								
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or Gloster, Va.									
	DATE RECEIVED BY REGISTRAR'S SIGNATURE Closter 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR STORMS AND GOO. G. Kelson 1303 Presstmen St.								

. . W . The state of

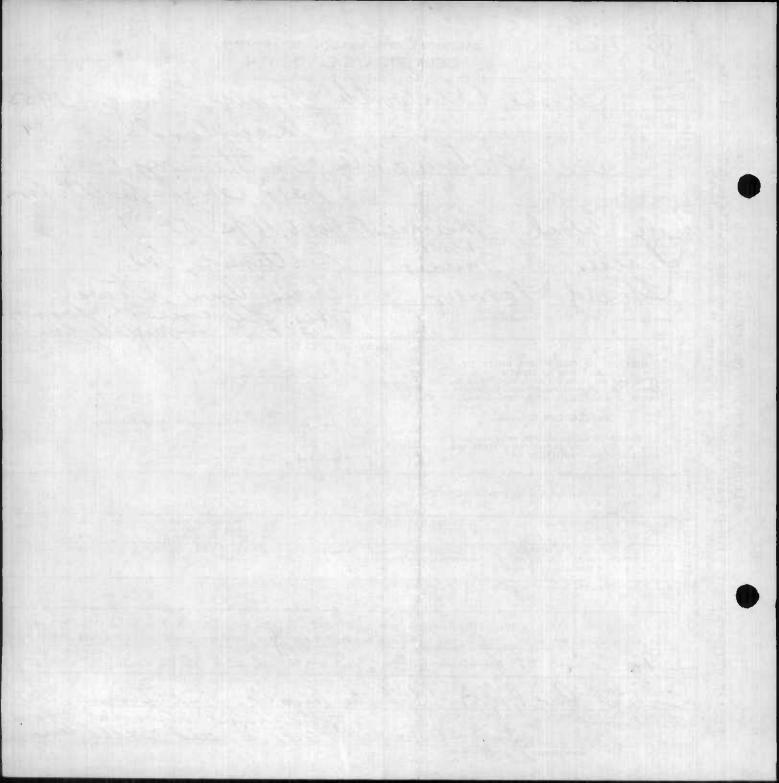
106 Vs 150000 4909

LOCAL REGISTRAR

9



	2-500		50	mu o o				
	53 7123 BALTIMORE CITY H	EALTH DEPAR	RTMENT	7:123				
	BIRTH NO. CERTIFICAT	E OF DEA	TH Registered No.					
	1. NAME OF DECEASED (Type or Print)	h Son	ned 2. DATE OF CLA	4 1953				
	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USHAL TEST	DENCE (Where deceased lived. Wins	titution: residence before admission)				
	B. FULL NAME OF (If not in hospital or institution vive street address o HOSPITAL OR location INSTITUTION		VN (If outside corporate limits, v					
J.	12/1 VI. Va Jayette	M. Ja	RESS (if reful, give location)	-o township				
legibly	c. Length of stay in Baltimore Yrs. Mos. Days	12711	St. Valay	ette an				
and	Markied (Specific Markied)	Dot. 6	1 9. AGE (In fear thin lagorithing) Month	der I Year It Under 24 Hours has Days Hours Min.				
clearly	10A. USIAL OCCUPATION (Give kind of open formation of done furing most of working life, even if retired)		(State or foreign country)	2. CITIZEN OF WHAT COUNTRY				
- 11	13. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME					
death	Henry Jooney	Vyaca	Unn stee	vart				
11	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or unknown) (11/29. give wer or dates of service) . SECURITY NO.	THEORMAN	florence ho	Looney				
causes	18. 592 X . CAUSE	OF DEATH	Vi. Vajagen	INTERVAL BETWEEN ONSET AND DEATH				
the c	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
write	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ANTECEDENT CAUSES							
please	DISEASES OR CONDITIONS, IF ANY, GIVING							
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	?						
Physicians:	(c)							
ysic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
Ph	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH COMMENTED	PERATION	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN	20. AUTOPSY?				
ant.	WAS PERFORMED CAUSE OF DEATH. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Bultimore City, give							
	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
lly	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
especial	22. I hereby certify that I attended the deceased from 200. 1953, to 2ng 7, 1953, that I last saw th							
	deceased alive on 29 4, 1953, and that death occu	erred at	m., from the causes and on the	date stated above				
e is	Henford . housender M.D.	23096	mid thee sue	8-7.53				
t age	24A. BURIAL, CREMA- TION, REMOVAL (Species)	ERY OR CHEMATOR	24b. LOCATION (City town, or	r county) (State)				
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE	PS. FIOVERALLE	SURECTOR Tunes	DICKES Y ONE				
00	LOCAL REGISTRAR Huntington Williams	1631	Druid Will	I an				
	AU 7 vs 150							



7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

10B. KIND OF BUSINESS OR

2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give

Registered No-

LT/MORE. D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH 9. AGE (In years)

last birthday) | Months: Days | Hours | Min. 11. BIRTHPLACE (State or foreign country)

MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

LIPPETTA

If Under I Year

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) (Yes. no or unknown)

> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

6. COLOR OR RACE

ngth of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

TAMO ENG-

4.20.0

13. FATHER'S NAME

5. SEX

16. SOCIAL SECURITY NO. . 28-3471

CAUSE OF DEATH

Yrs. Mos.

12

INDUSTRY

HO3P.

acute Coronery Most

DUE TO

afterio-Solerotic

20. AUTOPSY

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

YES

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., In or about bome, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

D. TIME (Month) (Day) (Year) (Hour) INJURY

NOT WHILE! WHILE AT

AT WORK WORK

22. I hereby certify that I attended the deceased from deceased alive on 1952 and that death deceased alive on.

and that death occurred at 3.

. 19 Sthat I last saw the from the causes and on the date stated above. 23c. DATE SIGNED

23A SIGNATURE

24A. ORIAL, CREMA-TION, PEMOVAL (Specify)

KW 000

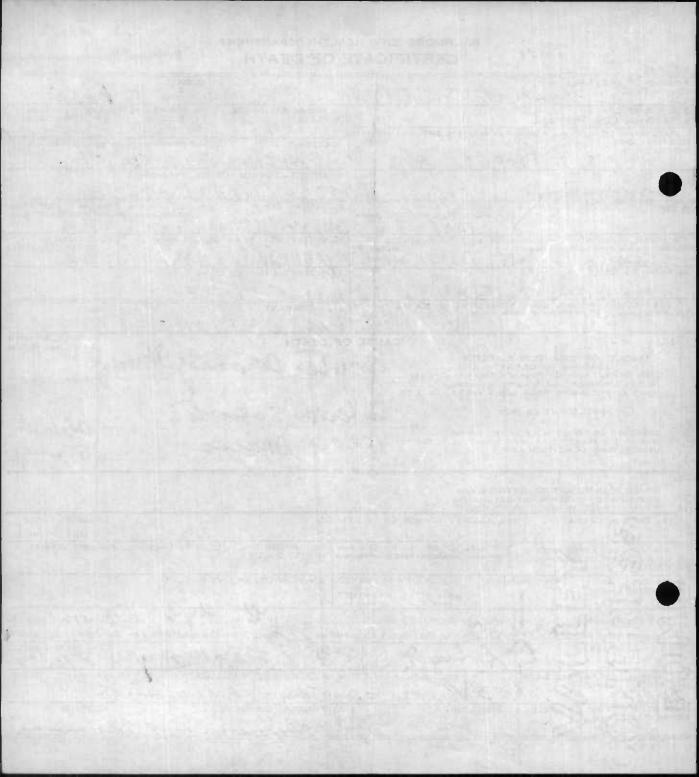
ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

RÉGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

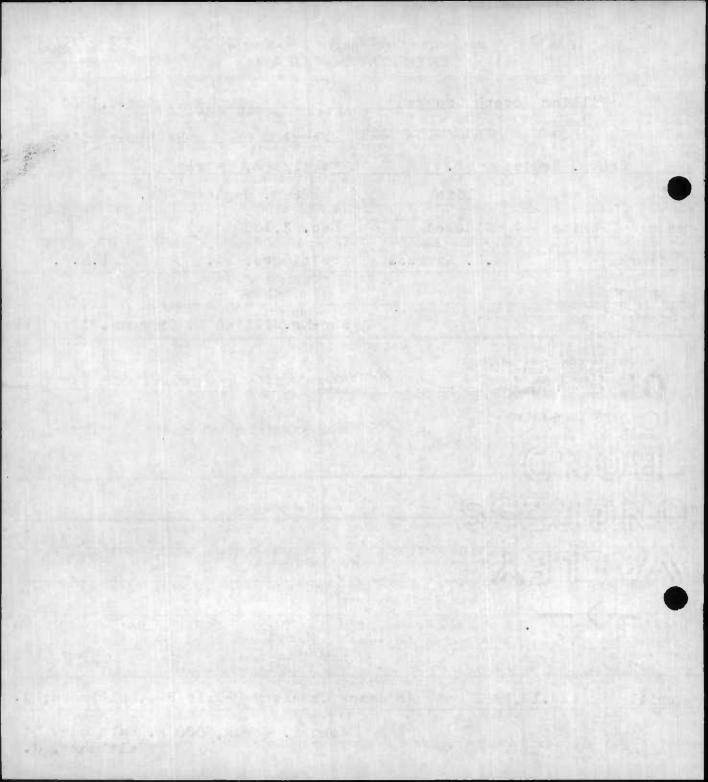
EDICA



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7125

BIRTH NO.			CERTIFICAT	E OF DEATH	Registered N	Vo	
1. NAME OF					2. DATE		
(Type or Print)	William Jo	oseph	Croghan	DEATH Aug. 6, 1953			
3. PLACE OF A Baltimore	DEATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	institution: residence	
B. FULL NAME		al or institut	ion, give street address or location)	Maryand	Baltimo	before admission) re City s, write RURAL and give	
INSTITUTION	255 S. Regis	stan S	+.	Baltimors, Ms		township)	
	ooo G. Hogi.	3 0 01 13	Yrs.	D. STREET ADDRESS (If rural, give location)			
c. ngth of	stay in Baltimore	L	ife Mos.	225 S. Register St.			
male	6.COLOR OR RACE	WIDOW	MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year If Under 24 Hours nths Days Hours Min.	
10A. USUAL O	CCUPATION (Give kind of	10B, KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	
Cler	t of working life, even if retired)	R.R.	Express	Baltimore, Md		U.S.A. COUNTRY?	
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME			
Unkne	own			Unknown			
15. WAS DECEAS	SED EVER IN II S ARMET	FORCES?	16. SOCIAL	17. INFORMANT			
NO NO	(17 yes, give war or date	s of service)	SECURITY NO.	Son-Mr.William	P. Crogha	n, Pikesvill	
18. 420	SE OR CONDITION	D18===:	CAUSE	OF DEATH		INTERVAL BETWEEN	
	LEADING TO DEAT	TH	APT	ERIOSCLEROTIC /	Unar Ditar	- CV-	
heart fail	es not mean the mode oure, asthenia, etc. It mea	ns the diseas	Α	ERIOSCUE ROJIC /	16/4KI DISEAS	E SYEARS	
injury of	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUS	ES	APT	= aiosa aio Co	. (70.05	
DISEASE	S OR CONDITIONS, IF	ANY, GIVIN	G	Rioscierosis, GENERALIZED 79RS.		172)-	
UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO				
3	80000000000000000000000000000000000000	*******					
	II II						
TRIBUTIN	SIGNIFICANT CONDI	NOT RELATE	D	RONIC NEPHRITIS		m/	
	OF OPERATION 1		A		SYEARS.		
4 13%. 5412	OF OPERATION O	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
21A. ACCII	DENT WAS UNDER	21B. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (II	f in Baltimore City, g		
LYING C	R CONTRIBUTING DEATH	about home, f	arm, factory, street, office bldg., e	te.) INJURY OCCUR?			
21p. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?			
INJURY			WHILE AT NOT WHILE				
22 1 hono	has acceptificately at I was		WORK LAT WORK	201	0.10		
deceased of	708. , 1953	192, that I last saw the					
23A. SIGNA	TORE	-, 10, (tha that death occur	red at 9:25 Am., from the	causes and on th	23c DATE SIGNED	
1/2	secu. B.	Mors		448 7. Lus	e rul	8/5/53	
24A. BURIAL. TION, REMOVAL (CREMA- 24B. DATE	2	4c. NAME OF CEMETE	RY OR CREMATORY 240	CATION (City, town,	or county) (State)	
Burial	Aug.10,	1953	Holy Redeem	er Cemetery Bel	air Rd., Ba	ltimore, Md.	
DATE RECEIVE		SIGNATU	RE (3	25. FUNERAL DIRECTOR	<u>a</u>	ADDRESS	
	cn .	later	. " M.F.	John A. Moran,	3000 E. Ba	1timore St	
Ut vs 1500	Je Huntinglo	~ Nd	CAUSE S			timore, Md.	
	I man many		39	050			
	1 57						



53 7126

ro.	15	7	1_1	N	10

	CERTIFICATI	OF DEATH	Registered N	To
BIRTH NO.	CLICITI TOATI	- OI DEATH		
Type or Print)	arrell		2. DATE OF DEATH AKO	6.1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived in B. COUNT	institution : residence before admission)
B. FULL NAME OF (If not in hospital or institution of the control	tution, give street address or location)	c. CITY OF TOWN (If	Date to	s, write RUBAL and give
INSTITUTION Mercy Hos	SP	Ballimor	e	1-0 township)
ength of stay in Baltimore	62 Yrs. Most Days	1925 4	rural, give location)	(18)
	LE, MARRIED, DWED, DIVORCED (Specify)	8. DATE OF BIRTH		onder 1 Year If Under 24 Hours nths Days Hours Min.
DA. USUAL OCCUPATION (Give kind of prediction of the prediction of	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY!
Edward R. Farrell	8	14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES: (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused det	.Y e. g., (A) Musical Parties (A) Musical Part	Tiple Mye	Joma	INTERVAL BETWEEN DNSET AND DEATH
ANTECEDENT CAUSES		•		
DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELY TO THE DISEASE OR CONDITION CAUSING	TED			
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
5				YES ND
	LACE OF INJURY (e. g., in ne, farm, factory, street, office bldg., c		If in Baltimore City,	give exact location)
D. TIME (Menth) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
INJURY m.	WHILE AT NOT WHILE			

22. I hereby certify that I attended the deceased from 1/20 1953, and that death occurred at deceased alive on 23A. SIGNATURE

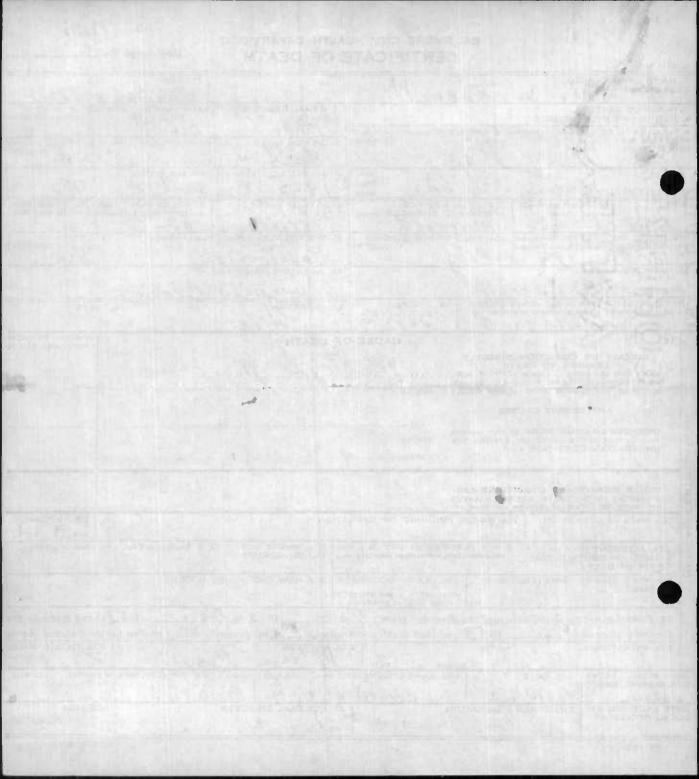
238. ADDRESS

23c. DATE SIGNED

1953 that I last saw the

24A. PURAL, CREMA-TION, REMOVAL (Specify)

4.m., from the causes and on the date stated above.



53 7127 BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF August 6, 1953 Mulligan, Matthew Bernard DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) ngth of stay in Baltimore University Parkway Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, If Under 1 Year 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Whi te Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? IMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. - 20-5851 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT AT WORK 22. I hereby certify that I attended the deceased from_ 19 that I last saw the deceased alive of 135 m., from the causes and on the date stated above. and that death occurred of ASK. SIGNATURE 23C DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B, DATE JURIA FIMORE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 93 118 W. M.Z

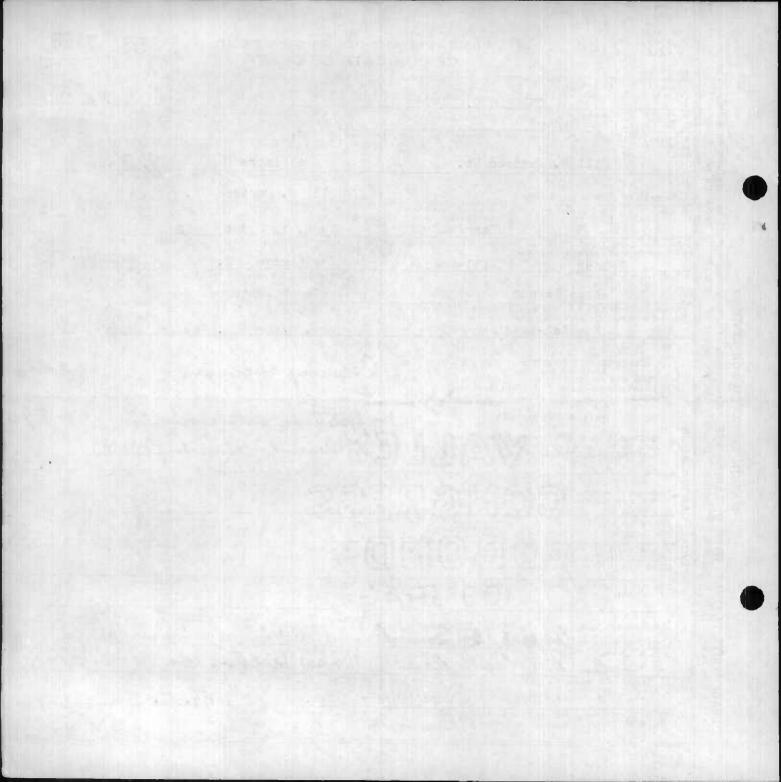
A CONTRACTOR OF THE PARTY OF TH

R-	560
53	7128

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	74	28
Registered	No.	

CERTIFICATE	E OF DEATH Registered No.					
BIRTH NO. 1. NAME OF DECEASED	2. DATE					
(Type or Print) CHARLES B. RAYNOR	OF DEATH Aug. 5, 1953					
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) Md.					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give					
121 N. Denison St.	Baltimore D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore	121 N. Denison St.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year Months: Days Hours Min.					
M W Married	Sept. 13. 1880 72					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder Rail-Road						
Welder Rail-Road	14. MOTHER'S MAIDEN NAME					
George Raynor	Sarah Montague					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of scrvice) SECURITY NO.	17. INFORMANT ADDRESS					
Yes Spanish-American ?	Mrs. Blanche E. Raynor Above					
18. 42011 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2 day					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	many occlusion 2 days					
injury or complication which caused dcath.) DUE TO						
ANTECEDENT CAUSES	Musin arteriordertie 7-8 yrs Duren - Curunda Lifillitia					
Z (B)	dented according to pa					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Descent - (0000000 f.D:00+					
UNDERLYING CONDITION LAST.						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CALSING IT						
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF	PERATION IF OPERATION WAS RELATED TO 20. AUTOPSY?					
. WAS DEDECORMED	PART I OR PART II					
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or bldg., etc.) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE AT NOT WHILE	LE					
m. WORK L. AT WORL						
22. I hereby certify that I attended the deceased from	rred at 11.30 m. from the causes and on the date stated above.					
23A. SIGNATURE 4 Caplalan M.D.	236. ADDRESS 430, Walkers Se 8/7/53					
24A. BUCIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 24C. NAME OF CEM						
DATE RECEIVED BY AREGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
LOCAL REGISTRAR Junburglen, Wallette, My	Min J. Teckner : Sono Inc. Bello med					
AUG 7 150 1953 6855						
1000	The second secon					



BIRT
1. N (Typ
3. Pl
3. PI A. B B. FL HOS INST
0
c. L 5. s f
5. S. f. 10A. work do h. 13. F. 15. V.

VS 150

The

13-	453
53	3 7129

BALTIMORE CITY HEALTH DEPARTMENT

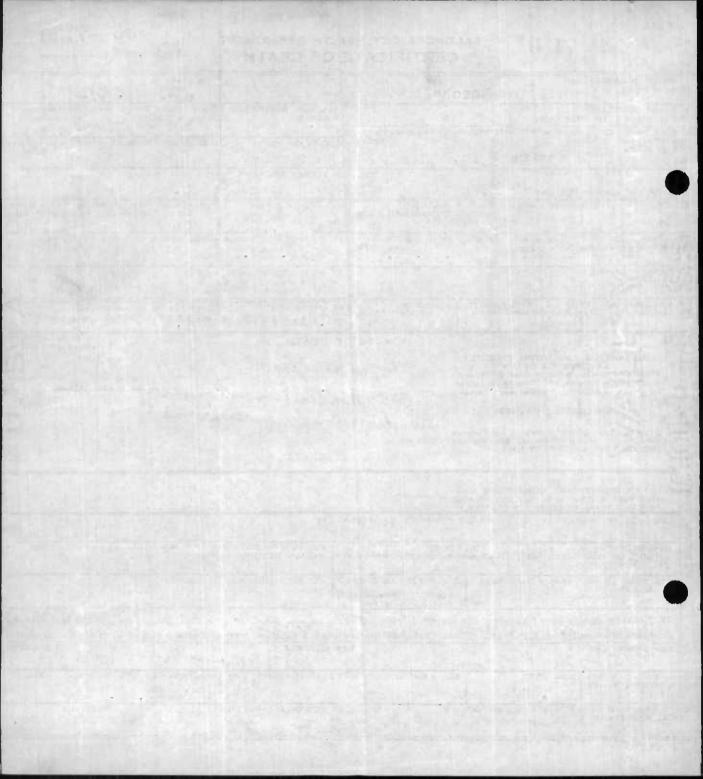
BIRTH NO. CERTIFICATE OF DEATH REGISTERED IN	0,
1. NAME OF DECEASED 2. DATE	
(Type or Print) Alice M. Blount	st 6, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. COUNTY	nstitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or Maryland	
HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits	, write RURAL and give
2231 Crest Road Baltimore 27	-/ diwinship)
Yrs. D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Days 2231 Crest Road	
WIDOWED DIVORCED (Specify) last birthday) Mou	Under 1 Year II Under 24 Hours nths Days Hours Min.
female white married February 19, 1079 71	
10A. USUAL OCCUPATION (Give kind of workind of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
housewife At home Chicago, Illinois	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Charles E. Hill Mary E. Ludlow	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	DDRESS
Harry Blount, 2231 Crest Road	
18. / 7 ∧ x . CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Choel And Death
(This does not mean the mode of dying, e.g., (A) Methasylus Calculous 9 due	a 19VB.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
	1900.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
U DISEASE OF CONCITION CAUSING IT	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 15 OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER II	
	YES NO
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. g., in or CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldgetc.) INJURY OCCUR?	give exact location)
DEATH (NOTIFY MEDICAL EXAMINER)	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21e. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from July 7, 19 13, to ang . 6, 1913	that I last sam the
deceased alive on 4, 19 13, and that death occurred at 4 P.m., from the danses and on the	
23A. SIGNATURE 1 1 1 23B. ADDRESS	23C DATE SIGNED
book & Blue M.O. 11Nh. Calvetor	8/6 N3
24a. BURIAL, CREMA 24d. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCKETON (CITY, 16W)	county) (State)
removal 8/8/53 Oakridge Cemetery Chicago,	Illinois
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS

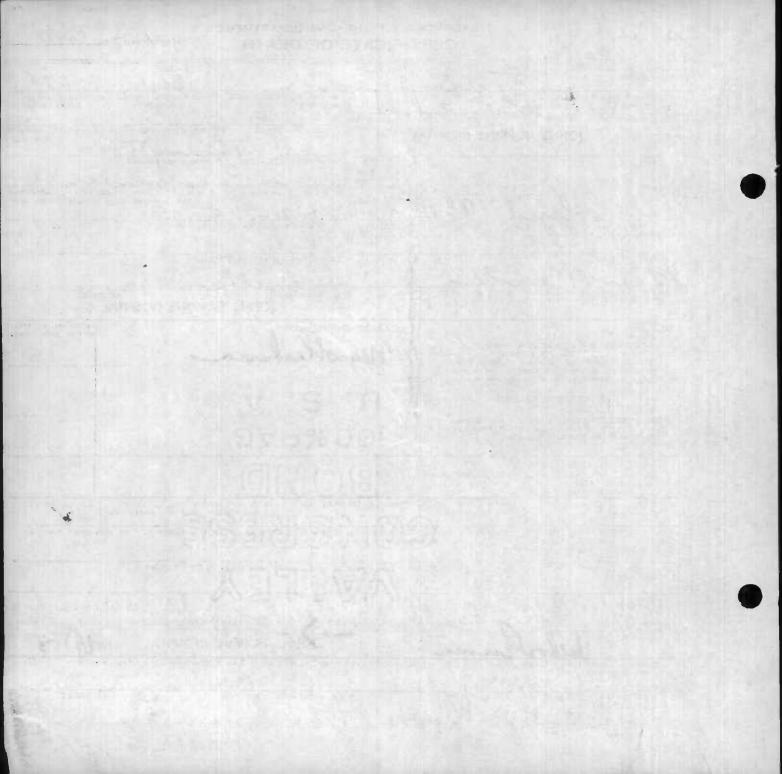
ALL STATE OF THE S TE. U.S. Value Cheen

VS 150

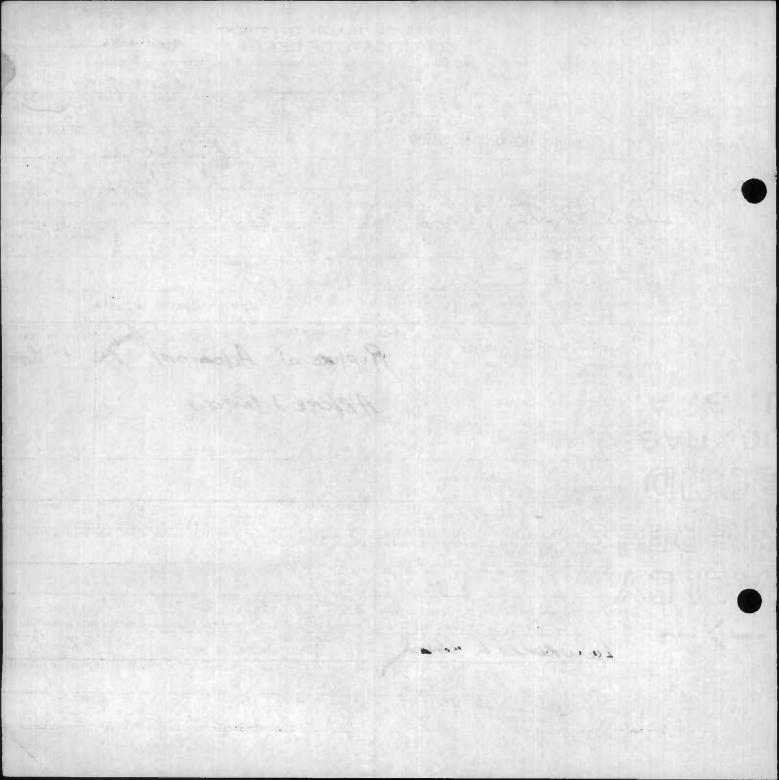
53 7130

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH AUG. 6/53 William Loechel 4. USUAL RESIDENCE (Where deceased lived, If Institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A STATE B. COUNTY before admission) B FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 1523 Carswell St. Jaltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1523 Carswell DT. Life ength of stay in Baltimore Days 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Man. | Months Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. SINGLE. MARRIED WIDOWED DIVORCED (Specify) Male May 15.1890 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS, OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Balto. d. B.& O. R. 14. MOTHER'S MAIDEN NAME 13, FATHER'S NAME John Loechel Marie Krodel 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknown) SECURITY NO. rs.Minnie Loechel. 1523 Carswell St INTERVAL BETWEEN 443X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL YES 21c. WHERE DID 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., otc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT AT WORK WORK 192 That I last saw the 22. I hereby certify that I attended the deceased from_ , 1923, and that death occurred at 8 30 m., from the duses and on the date stated above. deceased alive on Alley L 23B. ADDRESS 23A, SIGNATURE 23CPPATE SIGNED 24A. BURIAL CREMA-TION REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY altimore 29, Md. Loudon Park Aug. 8 Burial DATE RECEIVED BY A REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR





The	V BI	53 7132 BALTIMORE CITY HEA CERTIFICATE		70 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	7152
e carefully supplied. T	3. A. B.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN	altimore	before admission
ld be	T	Length of stay in Baltimore G. Color of RACE 7. SINGLE, MARRIED, WIJOWED, DIVORCED (Specify)	D. STREET ADDRE	3 Achiel 19. AGE (In years last birthday) Mont	Pose I Year If Under 24 House this Days Hours Min. 12. CITIZEN OF WHAT COUNTRY
BINDING of information shou uses of death clearly	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO SECURITY NO	MOTHER'S MA	no.	DRESS
ADING INK. Every item clans: please write the cau	RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		Adominal Amaze	INTERVAL BETWEEN ONSET AND DEATH
DA H	CAL CER	DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OPE WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II RE DID (If in Baltimore City, g	YES NO
AINLY,	MEDI	OF CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK The contribution of the contrib	21F. HOW	DID INJURY OCCUR?	Sthat I last saw th
PLEASE WRITE PL		22. I hereby certify that I attended the deceased from deceased alive on 5 7 , 19 5 and that death occurr 23A. SIGNATURE 23A. BURIAL, CREMA- 24B. DATE 100, REMOVAL (Specify) 24C. NAME OF TEMETER	ed at3:06 h	opkins Hospital	e date stated above 23c, DATE SIGNED or equinty) (State)
PLEAS correct	D	found 6/10/5) Jorden Jan	25. FUNERAL DIF	Fresh 5305 Want	ADDRESS P



H.	200
53	7133
00	5

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S3 7133

-	RTH NO.			CERTIFICAT	E OF DEATH	100		THE THEFT
_	NAME OF D	ECBASED/		. / /		2. DATE		
(T	ype or Print)	In Low	el /	techen		OF DEATH	Cerun	7-1953
3.	PLACE OF D	EATH:				ICE (Where deceased		
		City, Maryland	al an inatituti	on give street address on	A. STATE	B. COUI	NTY /	before admission)
H	FULL NAME	OF (II not in nospit	ai or instituti	on, give street address or location)	c. CITY OR TOWN	(If outside corpora	te limits, wr	ite RURAL and give
IN	STITUTION	4000 H	Da		Bullo	4	7-1	township)
_	4	6712 Harford	rid .	Yrs.	D. STREET ADDRES	S (If raral, give loca	tion)	
		4 t D-1/1	140	Mos.	1714 11	s-local 1	Tel	
5	ngth of s	tay in Baltimore	7 SINGLE	Days MARRIED.	8. DATE OF BIRTH	9. AGE (In y	ears If Under	1 Year If Under 24 Hours
A	<u>-</u> 2.	1./	WIDOW	ED, DIVORCED (Specify)	11-1-1-156	last birtho	ay) Months	Days Hours Min.
10		W	nu		7 / 1 / 189	3 00		
ork	done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St.	ate or foreign country)		CITIZEN OF WHAT COUNTRY?
		tome			Vorlsmo.	with va		
13	. FATHER'S	NAME			MOTHER'S MAIL	DEN NAME		
6	Valter	I Nee			Julia	Lorung		
		EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL /	7. INFORMANT	, 0	ADDRI	FSS / T
Ye	s, no or nnknown)	(If yes, give war or date	a of service)	SECURITY NO.	11 1	3. Hankers	1714	The last
7	18. / OX A	. /		O.L.LOT	Som K). Hickey	6/11	INTERVAL BETWEEN
	100	X		CAUSE	OF DEATH			DISET AND DEATH
	DISEAS	E OR CONDITION		114	namos Cara	11/11/1	· Do	
	(This does	not mean the mode ore, asthenia, etc. It mea	of dying, e.g.	· (A)	10/2/10/11/19	an Nix	160	
	Injury or	complication which	aused death.	DUE TO		•		
	HOME TO	ANTECEDENT CAUS	SES	94,	. 0 - 0	A	33,37	
z				(B)	Malized	Carcinos	16	
2	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	G E DUE TO	hat I I			***************************************
4	UNDERLY	ING CONDITION LA	ST.	(C)	mustan			
2				(C)				
	The Land	11	Mary and	1-12-1:	Q NO DO GO	forme ales	11.	
r		IGNIFICANT CONDI			1 TO IT CAS			
נ	TO THE D	ISEASE OR CONDITION	CAUSING IT	r	S UN VVIC	actors.		
١	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
ک			1				21.	YES NO
5	LYING O	ENT WAS UNDER-		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			City, give	exact location)
7	CAUSE OF	DEATH						
_	210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID I	NJURY OCCUR?		
	YAULNI			WHILE AT NOT WHILE				
	22 7 7				10	. Thus	1007.12	
		y certify that I att			1 2 7 1 7	to / Vinin		at I last saw the
	deceased a		., 19.	and that death occur	3B. ADDRESS	from the causes an		ate statea above.
		mes 9 h	tute.	м. D.	5714 N	arrord Re	5	CLAR 53
24				4c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (Cit	y, town, or co	ounty) /(State)
K.	/	pecify) 24B. DATE	-7	0.4/1		2.11		
	ATE RECEIVE	D BY REGISTRAR	SSIGNATU	RELIEU	25 FUNERAL DIRE	CTOR		DRESS,
	DCAL REGIST		A. J.	W/118	137	9	1	VOV
	AUG 8	1427 11mm	buy low.	- Frankling	y wek	1305)	ranjo	w la
	VS 150		0		/			

James While

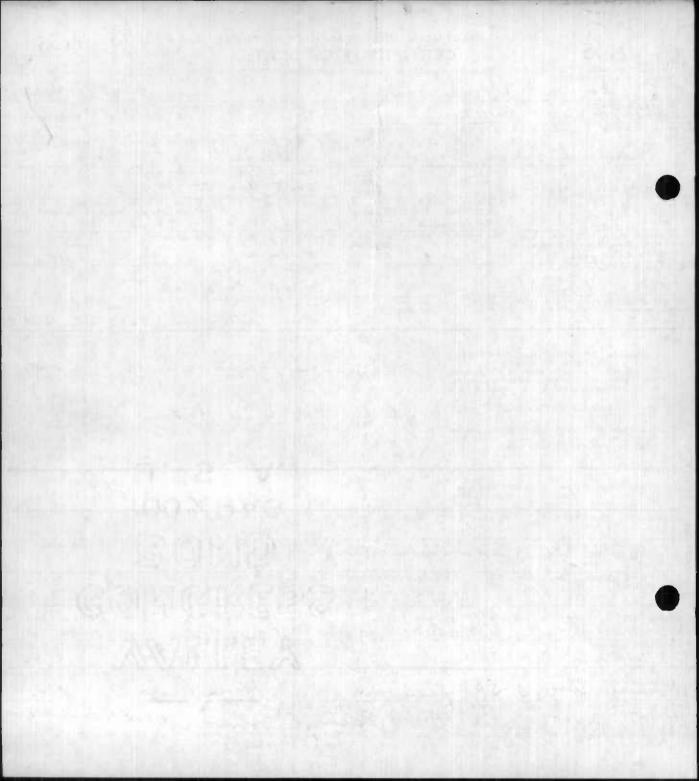
Mr. Legum. 1761 E. North and

5-415

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7135 gistered No. 7135

В	53 NO. 7	[35]		CERTIFIC	CATE	E OF DEATH	Registered	No. 7233
	NAME OF D'ype or Print)). Su	LLIVAN			2. DATE OF DEATH	9.7/1953
Α.		EATH:	Baltime	ne		4. USUAL RESIDENCE (V A. STATE Maryland	Where deceased lived, I B. COUNTY	f institution: residence before admission)
H	OSPITAL OR	yland gen			cation)		outside corporate lim	its, write-RURAL and give township)
L	15/	tay in Baltimore	18		Yrs. Mos. Days	D. STREET ADDRESS (If 3675 Och	rural, give location) 8t . # 11	
5.	SEX F	6. COLOR OR RACE		MARRIED. ED. DIVORCED		8. DATE OF BIRTH Wec. 20, 1874	9. AGE (in years last birthday) M	If Under 1 Year Tonths Days Hours Min.
1C worl	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired) wife	10B. KIND	OF BUSINESS	OR USTRY	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	allen	Vance				14. MOTHER'S MAIDEN N.		
15 (Ye	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT arline Sulli		ADDRESS 15 Wash Rt. # 11
ERTIFICATION	(This does heart failu injury or DISEASE:	EE OR CONDITION LEADING TO DEA's not mean the mode of the asthenia, etc. It mean complication which of the asthenia complication which of the asthenia complication the asthenia conditions, if the asthenia condition Lawrence	TH If dying, e. g In the disease Eaused death EES FANY, GIVIN STATING TH	(B) (B)	y per	tensive Cardio		ONSET AND DEATH
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
DICAL	19A, DATE C	of OPERATION 1		FINDINGS OF				YES NO
MEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA	CE OF INJURY arm, factory, street, offi	(e. g., in ice bldg., ei	LOT 21C. WHERE DID (I	If in Baltimore City,	give exact location)
2	INJURY	(Month) (Day) (Year)	m.	WORK AT	WHILE		Y OCCUR?	
	deceased a		ended the _, 19 5 3	deceased from and that death	occur	7. 4 , 1953, to		3, that I last saw the the date stated above
2	Vale		artille	M.	D.		1 tospital	8/7/53
Ť	MANOVAL (S	pecify Tug 13	E. D.	Lullwo		Men	e Reen	Va
	AUG 8		after 1	Villeaus	and	sty E, Doner	an 3818	Roland aux
	VS 150		0		40	100		



81	RTH NO.	^		CERTIFICA	TE OF	DEAT	Н	Registe	red No	
	NAME OF D	DECEASED AUGUS	TA G.	SCHMIDL				DATE OF DEATH	AVG: 5:	53
	PLACE OF D Baltimore	City, Maryland			A. STA	TE	ENCE (Where			tion: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi		tion, give street address location	c. CITY	OR TOWN	(If outside		e limits, write	e RURAL and give
0	0	stay in Baltimore	D ATE	LIF'E Mo	s. D. STR	EET ADDRE	ESS (If rural,		on)	7.1
-	SEX SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Spec	8. DATE	OF BIRTH	1 9.4	GE (In yes	ars It Under 1	Year If Under 24 Hours Days Hours Min.
	FMALE	WHITE	MA	ARRIED	6-	15-18	99	54		
		CCUPATION (Give kind of of working life, even if retired		D OF BUSINESS OR INDUST	RY		state or foreign			HAT COUNTRYS
	FATHER'S			M	11 12 12 12		IDEN NAME			
	homas WAS DECEAS	Ellsworth ED EVER IN U. S. ARME	D EODCES?	I 16. SOCIAL			Schwart	Z		
(Ye	No.	(If yes, give war or date	es of service)	SECURITY NO. 213-10-282		ORMANT	.Schmid	3 -	ADDRE	ss are
CERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA s not mean the mode are, asthenia, etc. It mer complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L. BISINIFICANT CONDITIONS DEATH BUT NOT DEATH BUT NOT DECONDITION CAUSIN	TH of dying, e. ans the disease caused death SES F ANY, GIVII STATING TI AST. C CONTRIBUTED TO G IT.	g., (A)	DIERI DIO-YA DETER	50 50LE 50 50LE	EMMOR ROSIS PR-RE,	s nge e	0.4539	/ DAY
AL	19A. DATE C		19B. COND WAS PERFO	TION FOR WHICH	OPERATIO		F OPERATION CAUSE OF DI PART I OR PA	EATH. EN	TER IN	O. AUTOPSY?
MEDICA	OR CONTRI	ENT WAS UNDERLY BUTING CAUSE O		B. PLACE OF INJURY home, farm, factory, street, or	(e. g., ln or ffice bldg., etc.)	21c. WHER	RE DID (If in	Baltimore	City, give e	xact location)
	21D TIME OF INJURY	(Month) (Day) (Year) (Hour) m.		WHILE ORK	21F, HOW	DID INJURY	OCCUR?		
	deceased a	oy certify that I at live on 5 Av I	tended the	deceased from 6 and that death oc	curred at	9:30A.	, to 517 , from the ca	uses and	1953, tha	t I last saw the te stated above
9	(3a signa	rd 7, Mu	lan	M. D. M. D.		Vashin	ston Bl		A	DATE SIGNED
TIC	BURIAL BURIAL	CREMA- 24B. DATE Specify) AUG:8:	53	GLEN HAVEN		REMATORY	MARYLA		, town, or cou	enty) , (State)
	ATE RECEIVE		'S SIGNATI	URE		FRAM DIR		- /	ADD	RESS

F.B. WIPPERT

& SON

1300

EUTAW

VS 150

extension S. bunkteen stort to - Cold led A report 1959 - 1 - 175 the sale of the SEPTEMBER OF A POST OF THE BOARD OF THE PARTY OF THE PART

Burial

DATE RECEIVED BY

VS 150

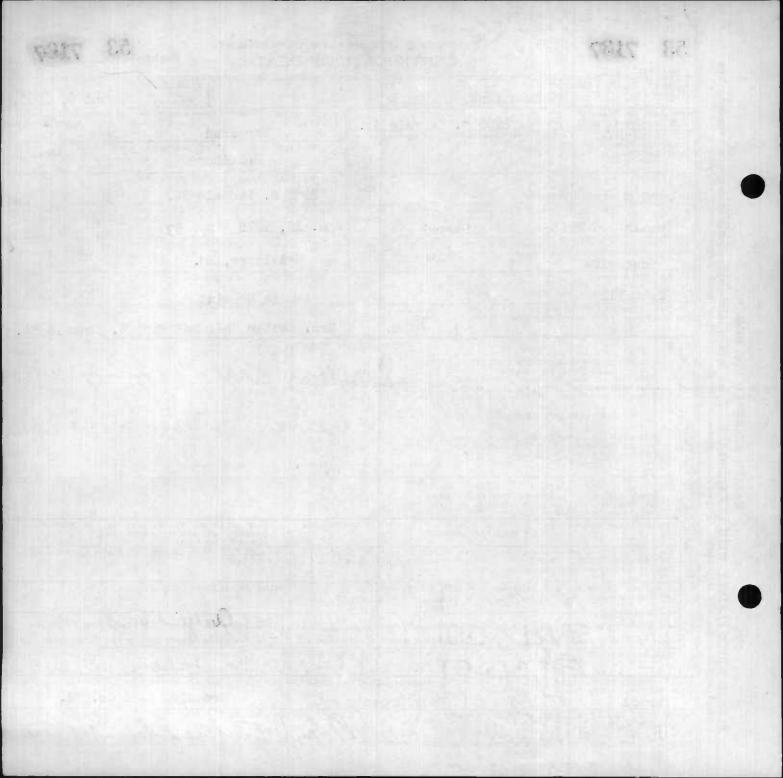
MARGIN RESERVED FOR BINDING

	1	~52	-0									٠	
je Je		73 73	37	В	ALTIMORE CERTII					Register	53 _{ed No.} _	73	87
d. The	1.	NAME OF D		na Lang	A 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pol Author public Art of the Control				2. DATE OF DEATH	Angus	st. 6.	1953.
supplied.	Α,	PLACE OF D Baltimore (EATH: City, Maryland	2408	W. Lanva	Le St.	4. US A. STA	TE	DENCE (What	ere deceased live	d. If inst	tution : r	
lly		STITUTION				location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore Cownship)						
	_		tay in Baltimore			Yrs. Mos. Days	2	408 W.	Lanval				
		Female	6. COLOR OR RAC	WIDO	idowed	ED (Specify)	Jan.	10, 1	870	9. AGE (In year last birthday 83) Months	Days H	Ours Min.
0	worl	House		of OB. KI	Home	ESS OR INDUSTRY		Baltin	more, M		12.	WHAT	OF COUNTRY?
information s of death cl		John I	lg						Schmid				
of info	15 (Ye	. WAS DECEAS: s, no or unknown)	ED EVER IN U.S. ARM (If yes, give war or de N	ED FORCES: tes of service)	16. SOCIA SECUP Non	RITY NO.	17. INFORMANT ADDRESS Mrs. Lester Hoffman 2408 W. Lanvale St.						
Every item of i		(This does heart failu	DE OR CONDITION LEADING TO DE not mean the mode re, asthenia, etc. It m complication which	ATH of dying, eans the disc	e. g., (A)	Cause	OF DE	ath al	thro	nbsi	<u></u>		L BETWEEN AND DEATH
INK.	-ICATION	RISE TO T	ANTECEDENT CAL 5 OR CONDITIONS, HE ABOVE CAUSE (A VING CONDITION	IF ANY, GI	VING THE OUE TO		re	lval		tripe	lero	us	Jeans
UNFADING Physicians:	CERTIF									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******************************		
H-1	EDICAL		of OPERATION	WAS PER					PART I OR	ON WAS RELAT OEATH, ENTE PART II	R IN	20. AUT	NO 🗌
Y, W	MEDI	OR CONTRIE	ENT WAS UNDERL BUTING CAUSE (TFY MEDICAL EXAMI	OF abo	IB. PLACE OF out home, farm, facto	ry,street.office	bldg.,etc.)	INJURY (OCCUR?	f in Baltimore	City, give	e exact ic	cation)
TE PLAINLY, WITH especially important.		OF INJURY	Month) (Day) (Yea	r) (Hour) m.	WHILE AT WORK	OCCURRE NOT WHILE AT WORK	E			IRY OCCUR?			
TE Pl		deceased a	y certify that I a live on Oug	ttended t	he deceased f	eath occur		10 30 0	3 to 44	e duses and	on the d	late star	
E WRITE age is est	24	23A. SIGNA	CREMA- 248. DATE	heus	lelis 124c. NAME (м. о.	98. ADE	IN	Ben Y 240. LO	talon (City, 1		8/6	State)
20	TIC	ON, REMOVAL (S	pecify)										

Holy Cross

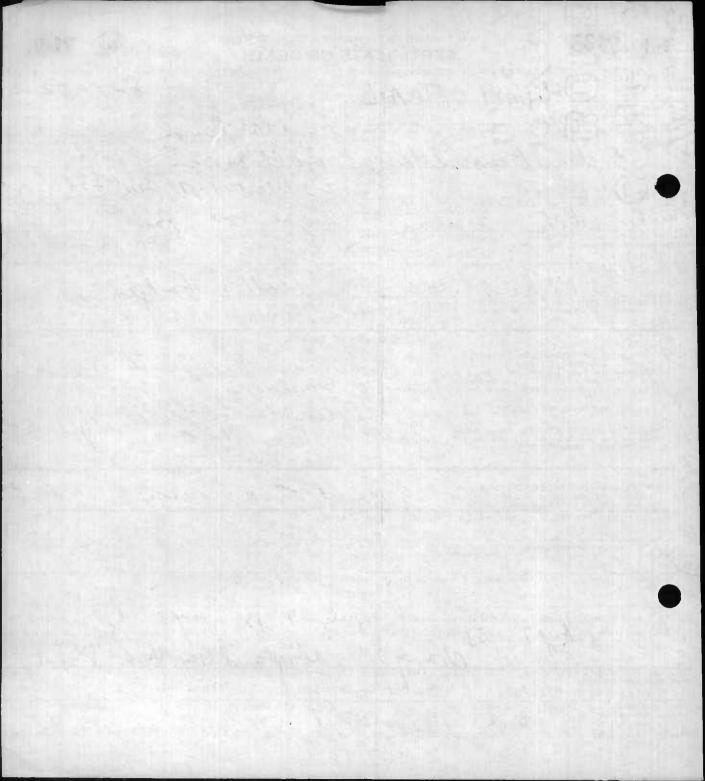
REGISTRAR'S SIGNATURE

20. AUTOPSY7 YES NO give exact location) that I last saw the e date stated above. 23c. DATE SIGNED (State) 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Brooklyn A A Co. Md. ADDRESS FUNERAL DIRECTOR



10	-
53	7138
BIRTH NO.	

53 7138 BALTI	ERTIFICATE	OF DEATH	w 1 :	ered No. 7138
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Hillard C	TRAIL		2. DATE OF DEATH	8-7-53
A. Baltimore City, Maryland		4. USUAL RESIDE	NCE (Where deceased I	lived. If institution: residence NTY before admission)
B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR	give street address or location)	c. CITY OR TOWN	Ul outside corpora	ate limits, write RURAL and give
Maryland General	Iltorb	Rolle	hire	2 - O Stownship)
c. Sth of stay in Baltimore	Yrs. Mos. Days	23 Wes	S (If rural, give local	vetto of Mon
S. SEX 6. COLOR OR RACE 7. SINGLE, M. WIDOWED, WIDOWED, MAN	DIVORCED (Specify)	S. DATE OF BIRTH	9. AGE (in y last birthd	ears If Under I Year Wunder 24 Hours ay) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF	BUSINESS OR	11. BUTHPLACE (St	ate or foreign country)	12. CITIZEN OF
7610001131	Country Club	Rockville	, Md.	USA USA
13. FATHER'S NAME P. L. C. O. D. M.	lwai1	14. MOTHER'S MAI	DEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	rail S. SOCIAL	17. INFORMANT	if Hax	fes appress
Yes, no or unknown) (If yes, give war or dates of service)	None	Mrs. Edith T	rail, 23. V.	North Ave.
18. 422.1	CAUSE	OF DEATH	1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1/20	A	Your west	7: 2-3.1
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO S	Pailer.	ecoupers	man 2-360g
ANTECEDENT CAUSES	29	4 aucus	1 1	1-
z	(B) (C)	lusader	ofe land	W 1,1,1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO Var	culiu .	O Carase	- years
2	(C)			
OTHER SIGNIFICANT CONDITIONS CON-		1.		3.6
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	rone	hopvell	emorne	- Lukes
19A. DATE OF OPERATION 19B. MAJOR FI	NDINGS OF OPERA	ATION		20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm,	OF INJURY (e.g., in factory, street, office hldg., et			City, give exact location)
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E	. INJURY OCCURRE	D 21F, HOW DID	INJURY OCCUR?	
INJURY WHILE	E AT NOT WHILE			
22. I hereby eertify that I attended the dee	eased from	le, 24, 195	to Auf 7	, 19 Sthat I last saw the
deceased alive on Aug 7, 1953. and			from the equises an	d on the date stated above
23A. SIGNATURE	Rug M. D.	Claylar Caylor	I Gen. He	236. DATE SIGNED
TION, REMOVAL (Specify)	St. Mary's H		Balto. Md.	y, own, or county (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRE	CTOR	ADDRESS
AUG 8 1953 Tuntington W	GLACISA- MY	Wm. John	nee · Sons In	e. Ballo med
VS 150	970	010		
	7/0	8 19		



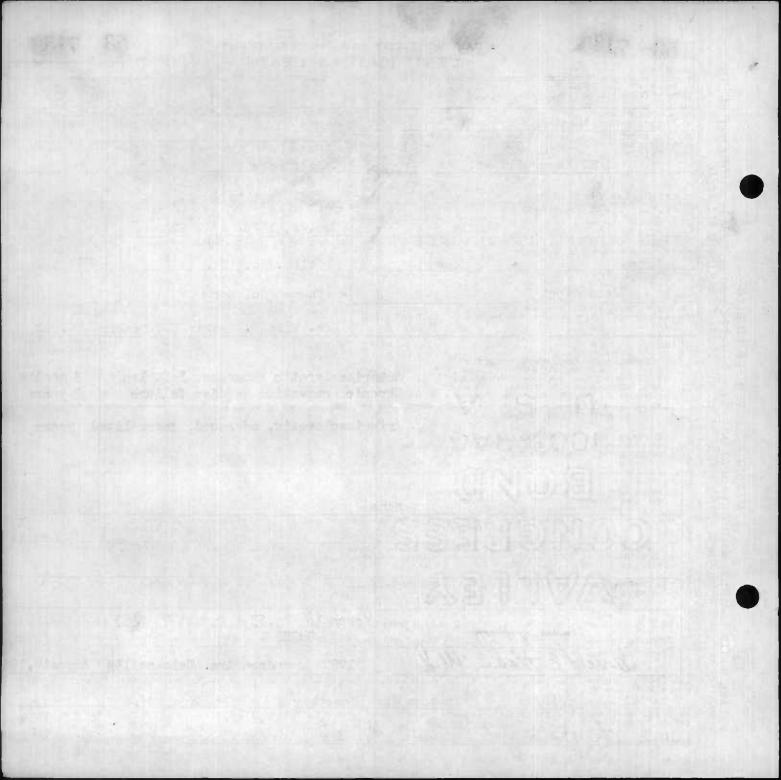
The

BALTIMORE CITY HEALTH DEPARTMENT

53 7139

B1	NAME OF DE	CEASED				2. DATE		
	ype or Print)	EMMA D.	VOGT		OF DEATH Aug. 7. 1953			
	PLACE OF DE Baltimore C				4. USUAL RESID	ENCE (Where deceased lived B. COUNTY	. If institution : residence	
B. HC	FULL NAME O OSPITAL OR ISTITUTION			ion, give street address or location)		3.4	mits, write RURAL and towns	
C.	0	ay in Baltimore		Yrs. Mos. Days		ESS (If rural, give location		
5.	SEX F	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify) ©	8. DATE OF BIRT	H 9. AGE (In years last birthday)	Months Days Hours M	
work		CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN			
		acob Vogt			Hannah (
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No			None	Mrs. Ella	V. Weaver 108 Du	nkirk Rd. 12	
	heart failur injury or	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mear complication which ex ANTECEDENT CAUS	f dying, e.g ns the diseas aused death	e; DUE TO Chroni	c congestive	angrene, left le	2 years	
ICATION	heart failur injury or DISEASES RISE TO TH	not mean the mode of ce, asthenia, etc. It mear complication which es	f dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH	(B) Arteri	c congestive		2 years	
CERTIFICATION	DISEASES RISE TO THE OTHER SIGI	not mean the mode of ce, asthenia, etc. It mear complication which es antecepent CAUS. OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LAST INFICANT CONDITIONS DEATH BUT NOT RECONDITION CAUSING	f dying, e.g. ns the diseas aused death sees F ANY, GIVIN STATING THEST. CONTRIBLE RELATED TO TO THE STATE TO THE S	(B) Arteri	c congestive	cardiac failure	2 years	
AL CERTIFICATION	DISEASES RISE TO THE UNDERLY OTHER SIGI TO THE DISEASE OF	not mean the mode of re, asthenia, etc. It mear complication which es anticomplication which es anticomplication which es anticomplication (a) Ing Condition Last II nificant conditions DEATH BUT NOT RECONDITION (A) IS COMPLICATION (A) IS COMPLICATION (A) IS COMPLICATION (A) IS STATEMENT (B) IS	f dying, e.g. ns the diseas aused death sees F ANY, GIVIN STATING THEST. CONTRIBLE RELATED TO TO THE STATE TO THE S	(B) Arteri (B) Arteri (C)	c congestive	cardiac failure	2 years	
MEDICAL CERTIFICATION	DISEASES RISE TO THUNDERLY OTHER SIGN TO THE DISEASE OF 19A. DATE OF	not mean the mode of re, asthenia, etc. It mear complication which es anticomplication which es anticomplication which es anticomplication (a) Ing Condition Last II nificant conditions DEATH BUT NOT RECONDITION (A) IS COMPLICATION (A) IS COMPLICATION (A) IS COMPLICATION (A) IS STATEMENT (B) IS	f dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH ST. CONTRIBL RELATED TO LIT. 9B. CONDI /AS PERFO	(B) Arteri	c congestive osclerosis,	advanced, general services of Death, enter Part I or Part II RE DID (If in Baltimore C	2 years	
DICAL CE	DISEASES RISE TO TH UNDERLY OTHER SIGI TO THE DISEASE OF 19A. DATE OF	not mean the mode of re, asthenia, etc. It mear complication which es anticomplication which es anticomplication which es anticomplication (a) Ing Conditions (b) Ing Condition (c) Ing Conditio	f dying, e.g. nathe diseas aused death SES F ANY, GIVIN STATING THE ST. CONTRIBLE SEATON TO STATING THE ST. CONTRIBLE SEATON TO STATING THE ST. CONTRIBLE SEATON TO STATING THE ST.	(B) Arteri (B) Arteri (C) OTING TING THE TION FOR WHICH OF RMED PLACE OF INJURY (C congestive osclerosis, PERATION e.g., in or 21c. WHE INJURY COLUMN C	advanced, general services of Death, enter Part I or Part II RE DID (If in Baltimore C	2 years	
DICAL CE	DISEASES RISE TO THUNDERLY OTHER SIGI TO THE DISEASE OF 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (NOTI 21D. TIME (I OF INJURY	not mean the mode of re, asthenia, etc. It mear complication which es anticomplication which es anticomplication which es anticomplication (a) In the above cause (a) Ing condition Last (b) Ing condition causing a condition causing for peration (b) Is with the condition causing for the condition (b) Is with the condition (c) In the condition (c) and	f dying, e. g. ns the diseas aused death sees F ANY, GIVIN STATING THE ST. CONTRIBLE RELATED TO IT. CONTRIBLE RELATED TO IT. (HOUR) (Hour) m. cended the	(B) Arteri (B) Arteri (C)	c congestive osclerosis, PERATION e.g., in or 21c. WHE hldg., etc.) INJURY of ED 21f. HOW	advanced, general advanced adv	2 years lized years D TO 20. AUTOPSYT R IN YES NO ity, give exact location)	
MEDICAL CE	DISEASES RISE TO THE UNDERLY OTHER SIGI TO THE DISEASE OF 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (NOTI 21D. TIME (I OF INJURY) 22. I hereby deceased af 23A. SIGNA	not mean the mode of the asthenia, etc. It mear complication which examples to make the complication which examples to the complication of the above cause (A) ING CONDITION LAST TO THE CONDITION OF THE CONDITIO	f dying, e. g. ns the diseas aused death sees F ANY, GIVIN STATING THE ST. CONTRIBLE STATING THE STATIN	DUE TO Chroni (B) Arteri (C)	c congestive osclerosis, osclerosis, e.g., in or 21c. WHE bldg.,etc.) INJURY of rch 16 , 194 rred at 8:20P m 23B. ADDRESS 1707 Edmonds	advanced, general advanced, general advanced, general advanced, general advanced, general advanced, general advanced of Death, enter PART I or PART II RED DID (If in Baltimore CCCUR? DID INJURY OCCUR? 3, to August 7, 19, from the causes and on Ave. Catonsvi	2 years lized years D TO 20. AUTOPSY: YES NO ity, give exact location) 253, that I last saw the date stated ab 23c. DATE SIGN 211e August 8,	
MEDICAL CE	DISEASES RISE TO THUNDERLY OTHER SIGI TO THE DISEASE OF 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (NOTI) 21D. TIME (1 OF INJURY) 22. I hereby deccased al	not mean the mode of re, asthenia, etc. It mear complication which examples at the complication which examples at the complication of the above cause (A) ING CONDITION LAST ING CONDITION CAUSING FOPERATION IS WAT WAS UNDERLY!! UTING CAUSE OF FY MEDICAL EXAMINER Month) (Day) (Year) (Certify that I attained to a light of the control of the control of the control of the certify that I attained to a light of the certify that I attained to a light of the certify that I attained to a light of the certify that I attained to a light of the certify that I attained to a light of the certify that I attained to a light of the certify that I attained to a light of the certify that I attained to a light of the certify that I attained to a light of the certify that I attained to a light of the certify that I attained to a light of the certify that I attained to a light of the certify that I attained to a light of the certification of	f dying, e. g. ns the diseas aused death sees F ANY, GIVIN STATING THE ST. CONTRIBLE STATING THE STATIN	DUE TO Chroni (B) Arteri (C)	c congestive osclerosis, peration e.g., in or 21c. WHE injury of roh 16 rred at 8:20P m 23s. ADDRESS 1707 Edmonds	advanced, general advanced and advanced, general advanced and general advanced advanced, general advanced advan	2 years lized years D TO 20. AUTOPSYT VES NO 1 ity, give exact location) 253, that I last saw the date stated ab 23c. DATE SIGN 111e August 8,	

VS 150



		53	714	0	В		CITY HE				Registe	53°	71.45
The	8	IRTH NO.				CENT	IFICATI	_ OF	DEATI				L'ESSE
		NAME OF Type or Print			LTER		DRUMMOI	ND			2. DATE OF DEATH	August	5. 1953
lied		PLACE OF Baltimore		Marvland				4. USU	IAL RESIDE	NCE (Wh		ved. If insti	itution : residen
ddr	В.	FULL NAM	E OF	i not in hospita	al or instit	ution, give str		2.312		yland	B. COON	. 1	before admi
§ 5	I H	OSPITAL OF					location)	C. CITY	OR TOWN		utside corporat	e limits, wr	rite RURAL an
Y.	-		In Fr.	anklin Sq	uare i	iospital				timore		7-0	1
ref		Launth of	atar in	D. 14:		22-	Yrs. Mos.	D. SIRE		•	ral, give locati	,	4
e cg leg		Length of		LOR OR RACE I	7. SING	LE. MARRIE	Days Days	8. DATE	L)LA		exington 9. AGE (In year		
and and		Male		olored	WIDO	Mark	CED (Speiry)	Oc	120	-/8/18	last birthda	y) Months	Days Hours
NDING information should be carefully supplied, sof death clearly and legibly.	wer!	A. USUAL C	to work in	ION (Give kind of glife, even if retired)	10в. КІ	OF BUSI	NESS OR INDUSTRY	11. By	HANTA	State or fore	eign country)	12.	CITIZEN OF WHAT COUN
colon	13	FATHER'S		1	111			14 MOT	THER'S MA	IDEN, NAM	VE		
G mati eath			X	ames	, he	umi	nond	-lis	seil	Alle	enn.		
BINDING of inform uses of dea	(Ye	s, no or unknow	SED EVE	R IN U.S. ARMED	FORCES?	16. SOCI	AL JRITY NO.	S'DE	ORMANT			ADDR	n Aug
R BIN		18. F Q	0.1	<u> </u>		416-1	CAUSE	COLL.	us ru	runi	moria	602	MINTERVAL BET
- 2		L- 1	S/X	CONDITION	DIPECTI	v	CAUSE	OF DEA	AIH				ONSET AND
FOR y item			LEAD	OING TO DEAT	TH		Gunsh	not wo	ound of	chest			
-		heart fai	lure, asth	enia, etc. It mea ication which c	ns the dise	ase,	136 136		,	1 -	*********************		***************************************
03 2			ANTE	CEDENT CAUS	ES		35	1_2	7-4	l dele ense	acic hem	ammb a c	
RESERVED i INK. Ever please write	Z	DISEAS	ES OR C	ONDITIONS, IF	ANY, GIV	(B)	Mass	ive bi	Tarels.	I more	acte nem	Dillia	C
RE IN	NOIT	RISE TO	THE ABO	OVE CAUSE (A)	STATING		го						
	CA					(c)							
MARGIN NFADING nysicians:	E	OTHER	SIGNIF	II ICANT CONDI	TIONS C	ON.	ω,						
NIA VF	ER	TRIBUTI	NG TO TE	OR CONDITION	NOT RELA	TED							
	Ü	19A. DATE	OF OPE	RATION 15	B. MAJO	R FINDING	S OF OPER	ATION					20. AUTOPS
WITH rtant.	CAI	21A. EXTER	RNAL C	AUSE WAS			JURY (e. g., in		WHERE D	ID (If	in Baltimore (City, give	exact location)
ILY, WITH	ā	UNDERLYI UTING	NG 🖺 (AUSE WAS OR CONTRIB- OF DEATH.	about home	e, farm, factory, st Home	reet, office bldg., e		URY OCCUP		ton Stre	o+	
np,	ME	21b. TIME	(Month)	(Day) (Year)	(Hour)		RY OCCURRE		HOW DID			60	
N. P.		OF INJURY	5. 19	53 11:00	P. m.	WHILE AT	NOT WHILE					during	alterca
LA		22. I cert	ify tha	t I took char				bove, he	eld an	Autop	sy	t)	hercon and
r P				obtained by					A		spection or Inc	quiry.	
TE				my opinion									
WRITE PLAINLY,		23A. SION.	ATURE	. ,	1 1	11			CHIEF ME		AMINER	ń .	ATE SIGNED
SE W	-	AA. BURIAL,	Alle	248. DATE	(Both	246 NAW	M. OF CEMETER	D. MED	DICAL INVE	STIGATOR		11	st 6, 19
EAS	TIC	ON, REMOVAL	(Specify)	248. DATE *	1	Balto	nat	· Pa	weeter	1/5	Balter	us?	e V

YES X v, give exact location) uring altercation thereon and from the day stated above, undetermined . 23C. DATE SIGNED August 6, 1953 wn, or county) DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

. If institution : residence

mits, write RURAL and give

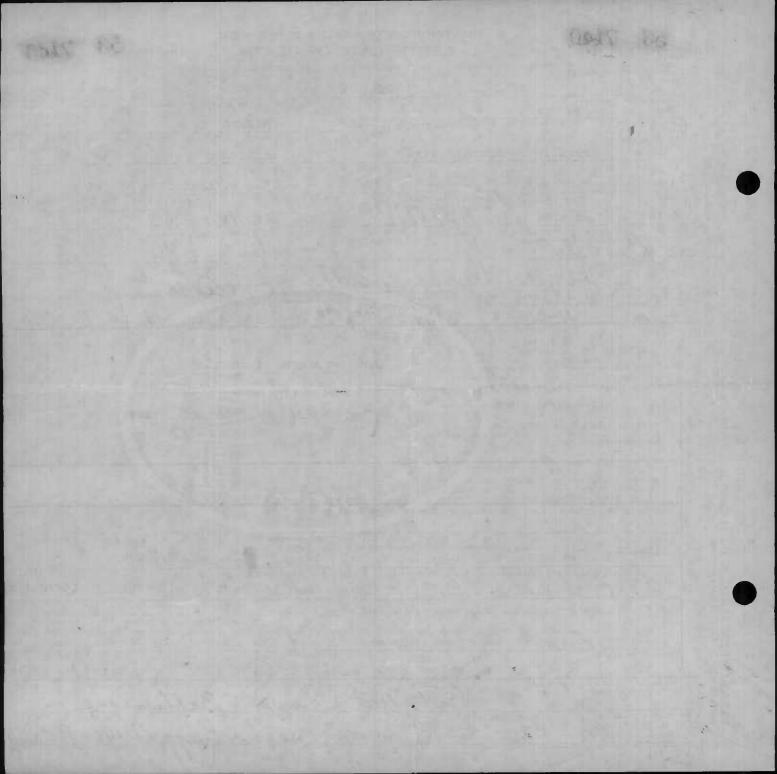
Months Days Hours Min.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

20. AUTOPSY

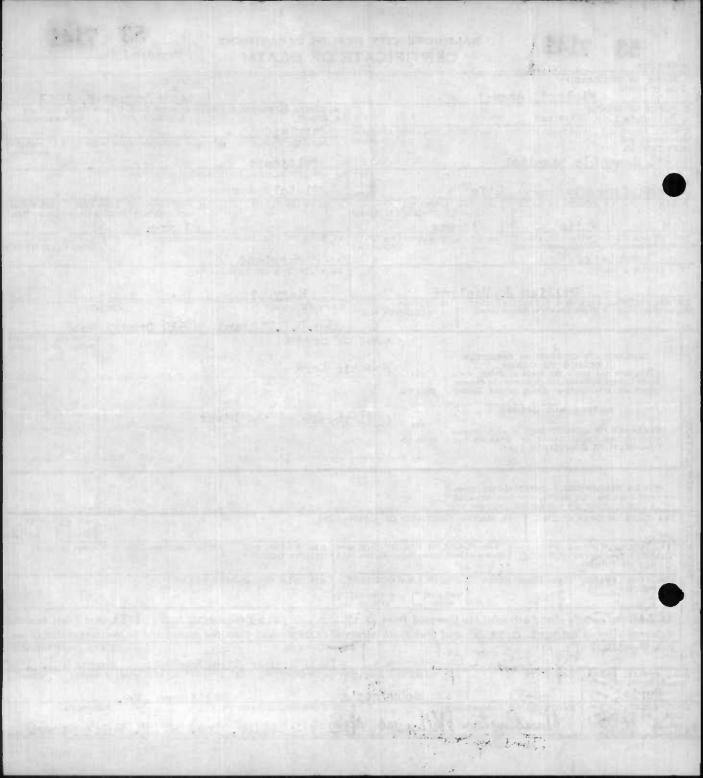
before admission)



W-453

BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO.			CERTIFICAT	E OF DEATH	Attended 1		
1. N	AME OF D	ECEASED				2. DATE		
(1);	e or Print)	Wieland, A	ugust			DEATH AUgus	t 8. 1953	
3. P	LACE OF D	EATH:			4. USUAL RESIDENCE (Where deceased lived, If	institution: residen	
	JLL NAME	City, Maryland	al or institut	ion give street address or	A. STATE Maryland	B. COUNTY	before admi	ssion)
HOSPITAL OR location)						f outside corporate limit	s. write RURAL an	d give
	TITUTION	out to Wand to	7			76.		nship)
12	DU. 005	eph's Hospita	r.T.	Yrs.	Baltimore D. STREET ADDRESS (I	frural give location)	Car 1	
	andle of a	4 in D-14:	Tites	Mos.				
5. S		tay in Baltimore	Life	Days E, MARRIED.	4221 Kelb Avenu		f Under 1 Year II Under 2	2.4 Blanca
0.0		O. GOLON ON MAGE		ED, DIVORCED (Specify	O. DATE OF BIRTH	last birthday) Mo	nths Days Hours	Min.
10	M	White		wer		67 yrs.		
work d	USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF WHAT COUN	JTRY?
	Unemp				Maryland		WHAT COOL	
13.	ATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME		
		10% 17 d am	T 1872 - 7		37			
15.	WAS DECEAS	William ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL	Mary ?			
(Yes, 1	o or unknown)	(If yes, give war or date	s of service)	SECURITY NO.			DDRESS	
					Geo.G.G.Wieland	519 Orkne		
CERTIFICATION	OTHER S	SE OR CONDITION LEADING TO DEA' In not mean the mode of Ire, asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION LA III GIGNIFICANT CONDITION TO THE OBATH, BUT ISSEASE OR CONDITION	TH of dying, e. g ins the diseas caused death SES F ANY, GIVIN STATING TH IST.	(A) Hepat	of DEATH	ver	INTERVAL BET ONSET ANO [
_11	9A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPS	5Y?
S -								10 X
	LYING OF	R CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, g	give exact location)
	INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?		
	22. I borob	as contifue that I att		deceased from Jul	T 23 1053 to A	ugust 8 , 1953	that I last on	42 -
	lacenced a	line on America &	10 53	and that death occur	rred at 6:50 am., from	the engage and on the	a, that I tust su	bane
	23A. SIGNA		2, 19. 33	ana that aeath ocea	23B. ADDRESS	ine eduses and on th	23c. DATE SIG	
		K (a	Biner	W	1400 N. Carolin	. C4	August 8.	300
24A	BURIAL,	CREMA- 248. DATE		24c, NAME OF CEMETE	RY OR CREMATORY 24D. I	OCATION (City, town,		tate)
TION	. REMOVAL (Specify)			City of the same of the same			
DAT	Burial E RECEIVE			Schwartz	25. FUNERAL DIRECTOR	altimore , Md.	ADDRESS	
	VS 150		Enter	Williams, N	Fily & Zeiler,	Inc. 403 S. W		t
	V5 150							



H-156
BIRTH NO. 53 7142

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7142

B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Jeseph's Hospital Ongth of stay in Baltimore Lif yrs. S. SEX O. COLOR OR RACE V. SINOLE MARRIED Mele White With Lif yrs. Social Social Security Warried 108. UNINDOFFRY Social Security Winginis 13. PATHER'S NAME UNKnown 15. WAS BECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) 16. SCIAL CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (In) SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION LAST. (In) Cerebral hemorrhage ANTECEDENT CAUSES ANTECEDENT CAUSES (If) Arterias Clerosis, generalized DUE TO Cerebral hemorrhage ANTECEDENT CAUSES (If) Arterias Clerosis, generalized DUE TO Cerebral hemorrhage ANTECEDENT CAUSES (IS) STATING THE UNDERLYING CONDITION LAST. (In) OTHER SIGNIFICATION (198. MAJOR FINDINGS OF OPERATION 199. DATE OF OPERATION (198. MAJOR FINDINGS OF OPERATION) 210. AUTOPSY WHAT COUNTR UNDERLYING TO THE COUNTRIBUTING (198. MAJOR FINDINGS OF OPERATION) 211. BIRTHYAL BETWEE ONEY AND DEA CAUSE OF DEATH ONEY AND DEA (In) OTHER SIGNIFICATION (198. MAJOR FINDINGS OF OPERATION) 212. CITIZEN OF WHAT COUNTR UNDERLYING (198. MAJOR FINDINGS OF OPERATION) 17. INFORMANT Catherine Hevener Same (II) 17. INFORMANT ADDRESS Same (II) 17. INFORMANT (II) INTERVAL BETWEE ONEY AND DEA (II) ONEY AND	DIRTH NO.						
A. Baltimore City, Maryland Bato A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of location) INSTITUTION St. Jereph's Hospital A. STATE 30. A. STATE 30.			ester D	ersev		OF .	est 8. 195 3
B. FULL NAME OF (If not in hospital or institution, give street address of location) St. Jeeph's Hospital Ya. Ongth of stay in Baltimore 15 Yrg. May Days S. SEX O. COLOR OR RACE VIDIOMED. DIVORCED Copecity White White White White White White O. STREET ADDRESS (If rural, give location) Maryland D. STREET ADDRESS (If rural, give location) J. S. SEX O. COLOR OR RACE VIDIOMED. DIVORCED Copecity White White White White White White O. STREET ADDRESS (If rural, give location) Maryland D. STREET ADDRESS (If rural, give location) J. S. SEX O. COLOR OR RACE VIDIOMED. DIVORCED Copecity Wind Color Name White White White O. STREET ADDRESS (If rural, give location) J. S. SEX O. COLOR OR RACE VIDIOMED. DIVORCED Copecity Wind Color Name White O. Dark OF BIRTH J. S. AGE (In year.) I blief! Yes I bli	3. PLACE OF D	EATH:			4. USUAL RESIDENCE	(Where deceased lived. If	institution: residence before admission)
Baltimore Maryland Different Maryland Different Mark in Baltimore 15 yrs. Days Days Days Days Days Days Days Days	B. FULL NAME HOSPITAL OR		al or institut		Maryland 10	St.	
The control of stay in Baltimore 15 yrs. Mos.		seph's Hospita	al		Baltimore, M	aryland 8	-05 township)
Disease or condition directly This was becassed ever in u. s. Armed forces; Yas, no or unknown) Disease or condition which acuse death.) Antecedent conditions to first the finite of the finite o				Mos	D. STREET ADDRESS	If rural, give location)	
Male White Married Survive Sur				S. Days			
The properties of working life, wear irredited Clerk 13. FATHER'S NAME UNKNOWN 15. WAS DECEASED EVER IN U.S. ARKED FORCES? Yes, no or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Chief command the mode of dying, c.s., heart deline of mean the deline of mean the mode of dying, c.s., heart deline of mean the deline of the			WIDOW	VED, DIVORCED (Specify)			
13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Catherine Hevener 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., leart failure, asthenia, etc. it means the disease, injury or complication which caused death, due to Cerebral hemorrhage ANTECEDENT CAUSES 18. ATTERIOR AND TO DEATH (This does not mean the mode of dying, e.g., leart failure, asthenia, etc. it means the disease, injury or complication which caused death, due to Cerebral hemorrhage ANTECEDENT CAUSES 19. ATTERIOR SOCIAL (B). ATTERIOR SOCIAL (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING COURT (If In Baltimore City, give exact Jocation (Injury OCCUR? 21. ACCIDENT WAS UNDER TO THE COURT OF THE COUR				INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	
UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) 16. SCIAL SECURITY NO. 17. INFORMANT Catherine Hevener Same 18. 2	Clerk		Social	Security	Virginia		WILL COOKING
15. WAS DECRASED EVER IN U. S. ARMED FORCES) 16. SCIAL SECURITY NO. 17. INFORMANT Catherine Hevener 18. 3 3 1	13. FATHER'S N	The second second second	known				
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (This does LEADING TO DEATH (This does Leading to the Cause of the does Leading to the Cause (as stating the Underlying Conditions). (B) Arteriosclerosis, generalized (B) Arteriosclerosis, generalized (B) Arteriosclerosis, generalized (C)	15. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL			DDDFcc
DISEASE OR CONDITION DIRECTLY (This does not meen the mode of dying, c. s., heart fam the mode of dying on the death. ANTICOLOGIC TO CONTRIBUTIONS, IF ANY, GIVING DUE TO CEPEDRAL DISTRIBUTION TO THE DISTRIBUTION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT WAS UNDER. LYING OF CONTRIBUTIONS of OPERATION 21c. WHERE DID (If in Baltimore City, sive exact location) while any distribution of the double of the distribution of the date stated about the decase of the distribution of the date stated about the decase of the distribution of the date stated about the decase of the distribution of the date stated about the decase of the distribution of the date stated about the decase of the distribution of the date stated about the decase of the distribution of the date stated about the decase of the distribution of the date stated about the decase of the distribution of the date stated about the decase of the distribution of the date stated about the decase of the distribution of the date stated about the decase of the distribution of the date stated about the decase of the distribution of the date stated about the decase of the distribution of the date stated about the decase of the distribution of	Yes, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.			
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYTY YES NO 21A. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 1NJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1NJURY 10	heart failu injury or DISEASES RISE TO T UNDERLY OTHER S	in not mean the mode of the assertion which complication which complication which complication which complication which complication co	of dying, e. g. in the diseas aused death SES F ANY, GIVIN STATING THEST.	(B) Arteric	bral hemorrhage		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING shouthome, farm, factory, street, officebldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING shouthome, farm, factory, street, officebldg., etc.) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, officebldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23F. AUgust 8 , 19 53 that I last saw to deceased alive on August 8 , 19 53 that I last saw to deceased alive on August 8 , 19 53. and that death occurred at 1:37a m., from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNE 24A. BURIAL, CREMA- 24B. DATE 24B. DATE 24G NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State Balton) Baltimore, Md. 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR ADDRESS ADD	TO THE D	ISEASE OR CONDITION	CAUSING I	T			
212. A CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 215. PLACE OF DEATH 216. PLACE OF DEATH 216. PLACE OF DEATH 217. NOT WHILE INJURY OCCUR? 216. HOW DID INJURY OCCUR? 217. HOW DID INJURY OCCUR? 218. PLACE OF DEATH 219. TIME (Month) (Day) (Year) (Hour) 210. TIME (Month) (Day) (Year) (Hour) 211. NOT WHILE INJURY OCCUR? 211. HOW DID INJURY OCCUR? 212. I horoby certify that I attended the deceased from August 6 , 1953, to August 8 , 1953 that I last saw to deceased alive on August 8 , 1953, and that death occurred at 1:372 m., from the causes and on the date stated above 23A. SIGNATURE 224A. BURIAL CREMA- 24B. DATE 224A. BURIAL CREMA- 24B. DATE 224A. BURIAL CREMA- 24B. DATE 224B. DATE 224C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State Date and County) (State Date and County) 225. FUNERAL DIRECTOR ADDRESS 226. DATE SIGNATURE 226. DATE SIGNATURE 227B. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State Date and County) (State		of OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	PATION		
while at work work at work at work work work work work work work work	LYING OF	R CONTRIBUTING	21B. PL/ about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg.,	n or 21c. WHERE DID 15tc.) INJURY OCCUR?	(If in Baltimore City, 1	
deceased alive on August 8, 19 53, and that death occurred at 1:372 m., from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNE 23A. BURIAL, CREMA- 24B. DATE 100, REMOVAL (Specify) 8-8-53 Balto. National 24D. LOCATION (City, town, or county) Baltimore, Md. 25. FUNERAL DIRECTOR ADDRESS Wolfe Street ADDRESS Wolfe Street ADDRESS Wolfe Street ADDRESS ADDRESS Wolfe Street ADDRESS ADDR	21p. TIME ((Month) (Day) (Year)		WHILE AT NOT WHILE		RY OCCUR?	
246. BURIAL, CREMA- TION, REMOVAL (Specify) 8-8-53 Balto. National Baltimore, Md. DATE RECEIVED BY LOCAL REGISTRAR BALTIMORE OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Baltimore, Md. 25. FUNERAL DIRECTOR ADDRESS ADDRESS Milly & Zeiler, Inc. 403 S. Wolfe Street	deceased at	live on August 8	_, 19_53.	and that death occur	red at 1:372 m., from 3B. ADDRESS	the causes and on the	he date stated above.
DATE RECEIVED BY BEGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR LOCAL REGI	24A. BURIAL.	CREMA- 24B. DATE		24 NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)
		D BY REGISTRAR	S SIGNATU	Valliaux Mo		R	ADDRESS
	VS 150			39			

MARGIN RESERVED FOR BINDING

The

12.3
BIRTH NO.
I. NAME OF Type or Prin
B. PLACE OF Baltimor
B. FULL NAI HOSPITAL O NSTITUTIO
19
. Length o
Male

BALTIMORE CITY HEALTH DEPARTMENT

71.42 52

BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED	Lo DATE
(Type or Print) LEONARD W. PATO	OF Angust 6 1062
	DEATH TRUSTED OF TOO
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location	Maryland
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Maryland General Hospital	Baltimore 13-02 township)
Yrs, Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	2003 Bolton Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years 16 Under 1 Year 16 Under 24 Hours last birthday) Months: Days Hours Min.
Male White	aug 2 - 1904 49
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR roph done during most of working life, even if retired)	11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF
Bus Arred Batto & annapplan	The WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elmey Catton	as Marchant
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT C ADDRESS
(11 yes, give war or dates of service) SECURITY NO.	gladys Erk - 3149 Parride Rdxl;
18. Eanly CAUSE	OF DEATH COLUMNITERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	hot wound of head
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	District National Street
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
Z DISEASES OR CONDITIONS, IF ANY, GIVING O RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
U C)	ATTENDED TO THE RESERVE OF THE PARTY OF THE
U TO THE DISEASE OR CONDITION CAUSING IT.	
U 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
2 18 PLACE OF INJURY (a.g. iv	YES X NO
21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e. g., in UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., e	
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., e	2003 Bolton Street
Σ 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	
Aug. 6, 1953 8:00 P WHILE AT NOT WHILE	Shot self in head
22. I ecrtify that I took charge of the remains described a	bove, held an Autopsy thereon and from
	Autopsy, Inspection or Inquiry
and death in my opinion resulted from: natural causes	nquiry, find that said deceased died on the day stated above, \Box , accident \Box , suicide \Box , homicide \Box , undetermined \Box .
23A SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
William Vonget M	D. MEDICAL INVESTIGATOR August 7, 193
24A. BURIAL CREMA- 24E. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
aug 8-1913 White rale	Cemetery Anyette Co- This
DATE RECEIVED BY MEGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR Property Wolfaller Holls	from object the wind off
ALLO OLLO PORTO	

निष्यु नुहा जिएक

N803,4

2.

M	2	4
1.	53	7144

BALTIMORE CITY HEALTH DEPARTMENT

53	7144
Registered	No.

0)	H	53	/LQ4	C	ERTIFICAT	E OF DEA	TH	Registered No-	(TRAT
The	_	IRTH NO.							
.	(T	NAME OF DECE	Margari	M to	(Nlask	sen		DATE OF DEATH LUGU	+ 8.1953
carefully supplied egibly.	A.	Baltimore City,	, Maryland 1		3.20054	A. STATE	DENCE (Where	B. COUNTY	titution: residence before admission)
ally s	HC	OSPITAL OR			location)		WN (If outs	side corporate limits w	vrite RURAL and give township)
carefu egibly.	5	0	. 70 111		Yrs. Mos.	100	112	il, give location)	nu.
nd l	-	Length of stay	in Baltimore	7. SINGLE, WIDOWE	MARRIED, D, DIVORCED (Specify	8. DATE OF BIF	RTH Wa	AGE (In year) If Und	e: I Year / II Under 24 Hours as Days Hours Min.
should arrly a	10	DA. USUAL OCCUP	ATION Give kind	Max KIND C	OF BUSINESS OR	11. BIRTHPLAC	E (State of foreig	rn country) 12	CITIZEN OF WHAT COUNTRY?
a :		FATHER'S NAMI		" R7	INDUSTRA	14. MOTHER'S	MAIDEN NAME	1/10	WHAT COUNTRY?
information s of death cl	_	Idomas	A. 1	typol	lag	Dr.	20 1	Juny	
of infuses of	(Ye	s, no or unknown) (I	VER IN U.S. ARME If yes, give war or dat	E of service)	16. SOCIAL SECURITY NO.	Dm H. Me	0,09	1051 6000	AT NO.
y item of ithe causes			DR CONDITION		CAUSE				ONSET AND DEATH
		(This does not heart failure, as	ADING TO DEA mean the mode sthenia, etc. It me	ATH of dying, e.g., eans the disease,		elnal	Hemos	slage	36 ters.
			plication which			To a all	10.7	C.U.D.	
INK. please	TION	RISE TO THE A	CONDITIONS,) STATING THE		onogod	vecre	(10.20.	0 98/1
OING ans:	4	UNDERLYING	CONDITION L	AST.	(C)				
UNFADING Physicians:	ERTIFIC	TO THE DE	CANT CONDITIONS ATH BUT NOT ONDITION CAUSIN	RELATED TO	ING THE				
Hi".	AL C	19A. DATE OF OR	PERATION		ION FOR WHICH O	PERATION	CAUSE OF PART I OR F		20. AUTOPSY?
ILY, WITH important.	EDIC/	21A. ACCIDENT OR CONTRIBUTI DEATH (NOTIFY)	ING CAUSE O	F about hon	PLACE OF INJURY me, farm, factory, street, office		HERE DID (If i	in Baltimore City, giv	e exact location)
1	Σ	21D. TIME (Mont OF INJURY	th) (Day) (Year		WHILE AT NOT WHILE AT WORK AT WOR	ILE	SULVII DID WO	Y OCCUR?	6
~		22. I hereby ce		ttended the d	leceased from	2/3 19	5,30 F		hat I last saw the
WRITE e is espe		deceased alive			The state of the s	erred at \$ 238. ADDRESS	m., from the		date stated above.
0.0	_	4% BURIAL, DREM	MA-1 24B. DATE	enma	M. D.	12/271.0	RYL 24D. LOC	TION (City, town, or	county) (State)
ASE	NEW ME	REMOVAL (Special	(y) 8-11	-53	Belta.	el Otas	of orten	L. aral'	We stlick
PLEA	D.	ATE RECEIVED BY	REGISTRAF	Sa aldny And	liagran Mark	25. FUNERAL	A.O.	2/1356	DDRESS

53 7141 MALY SE MARGIN RESERVED FOR BINDING

811	W-5105 BALTIMORE CITY HEAD CERTIFICATE		
1.	NAME OF DECEASED Carol Denbera	er 2. DATE OF DEATH Qua P'53	
Α.	PLACE OF DEATH: Baltimore City, Maryland 2. 11 2 4. 2 ~	A. USUAL RESIDENCE (Where deceased lived, If A titution : residen B. COUNTY before admit	
HO	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL an town	d give
3	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)	14/2
1		8. DATE OF BIRTH 9. AGE (In years H Under I Year H Under I Year H Under I Year Hours 3 - 2, 3 - 3 - 3 Hours Hours 4	
	A. USUAL OCCUPATION (Givekind of done during most of working life even if retired) INDUSTRY	11. ORTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY WHAT COUNTRY 12. CITIZEN OF	NTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	. WAS DECEASED EVER IN U. S. ARMED FOR US? . no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT JOHNS HOPKINS HOSPITAL	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	of DEATH Lynntal Heart Desent Smil Bull	
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
ERTIFI	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		******
AL C	19a, DATE OF OPERATION 19B. CONDITION FOR WHICH OPE	CAUSE OF DEATH, ENTER IN PART 1 OR PART 11 YES NO	
EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (c. about home, fsrm, factory, street, office bit DEATH (NOTIFY MEDICAL EXAMINER)	e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location bidg., etc.) INJURY OCCUR?	n)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	LE CONTRACTOR OF THE CONTRACTO	
	22. I hereby certify that I attended the deceased from deceased alive on deep \$, 19.53, and that death occurr	7. 6 1953 to Aug 8, 195, hat I last sa	abov
	23A. SIGNATURE Thirdles	JOHNS HOPKINS HOSPITAL	SNE
715	NA. BURIAL, CREMA- 24B. DA/E 24C. NAME OF CEMETER THE REMOVAL (Specific S-8-5)	RY OR CREMATORY 24D. OCATION (City, town, or county)	State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	AS. FUNERAL DIRECTOR ADDRESS ADDRESS	e
U.S	VS 150		

1 82 9 AND James John To business of the sur B Commence there were mine Cartain Cartain 25/2/8

The	В	MAF-1537	53 710F		TIMORE CITY HI			53 Registered No.	7146
		NAME OF Cype or Print)		la M. Mai	stin	74-15	The second	OF DEATH AUE.7.	1953
carefully supplied.	B.	FULL NAME	City, Maryland OF (If not in hos	ortal or institut	ion, give street address or Hospital gcation)	A. STATE	ryland	here deceased lived. If ins B. COUNTY	titution : residence hefore admission
fully y.	11	NSTITUTION	4940 E	astern A	re.		ltimore	25-	04 township
care	will be seen		stay in Baltimore		Yrs. Mos. Days	В. С. Н.	. 4940 E	ural, give location)	391410165
should be		emale	White	7. SINGLE WIDOW MATT	MARRIED, ED, DIVORCED (Specify)	May 6, 1		9. AGE (In years film last birthday) Month	er i Year II Under 24 Hours ns Days Hours Min.
n sho			CCUPATION (Give kind of working life, even if retir	d)	OF BUSINESS OR INDUSTRY		CE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY
information shous of death clearly	13	3. FATHER'S	Henry Bur			14. MOTHER'S	MAIDEN NA		
em of inforcauses of c	15 (Ye	5. WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN		tern Ave. (rec	RESS ords)
UNFADING INK. Every item Physicians: please write the cau	RTIFICATION	(This doe heart fail injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DE s not mean the mod- ure, asthenia, etc. It n complication which ANTECEDENT CA S OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	ATH of dying, e. geans the diseas caused death USES IF ANY, GIVIN A) STATING TH	e, .) DUE TO (B)				
JNFA	CERT	TO THE	BNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSE	RELATED TO	THE				
H	L	19A. DATE (of operation	19B. CONDI WAS PERFO	TION FOR WHICH OF	PERATION	CAUSE O	TION WAS RELATED TO F DEATH, ENTER IN R PART II	YES NO D
LAINLY, WITH ially important.	MEDIC/	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING OF INJURY					HERE DID (Y OCCUR?		ve exact location)
PLEASE WRITE PLAIN correct age is especially	2. TI	22. I here deceased of 23A. SIGNA	TURE	, 19 53	and that death occu	1-8 rred at 2:10 23B. ADDRESS 940 Easter	n Ave.	he causes and on the	8-7-1953
PLEAS	- D	ATE RECEIVE OCAL REGIS	D BY REGISTRA	R'S SIGNATU	CCLUMBI.	25. FUNERAL	DIRECTOR	ONCE 460	DDRESS 1 Ritchic

MARGIN RESERVED FOR BINDING

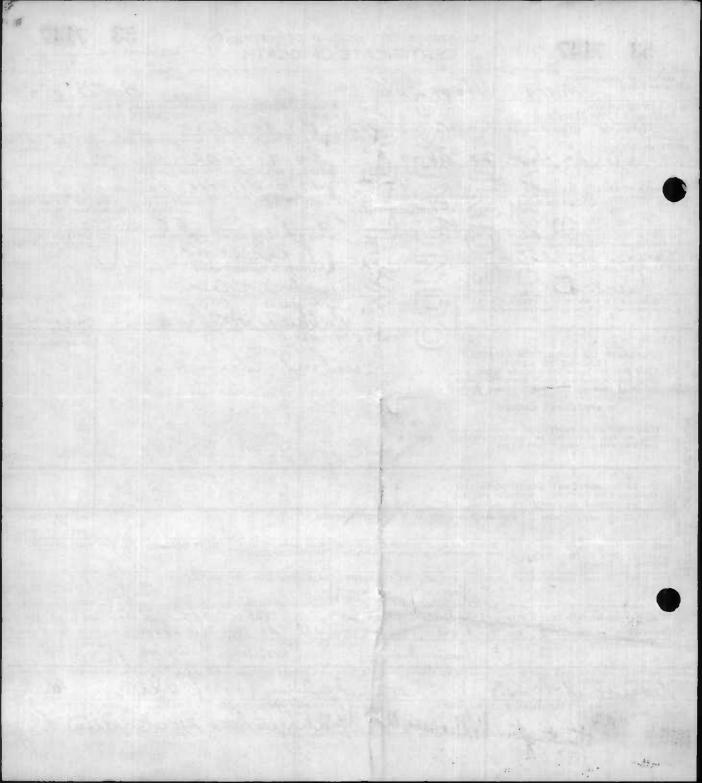
VS 150

BLANT BE A S.S.C. March Tales and Alsone Line West of Story (C.O.) a in a leasen full agreement the little water

H-155

52 7117

BI	53 RTH NO.	7147	BAI	CERTIFICAT			Registered	l No	13.47
1.	NAME OF D	MARY	Ho	FFMAN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ATE OF EATH	DUE.	9,1953
	PLACE OF D				4. USUAL RESIDE	ENCE (Where d			
В.	FULL NAME		al or institut	ion, give street address or location)	0 11	YLAND			te RURAL and give
IN	STITUTION	MAI Hack	OF	BALTO.	2	MORE	7	7- /	township)
4	2			Yrs.	o. STREET ADDRE	SS (If rural,			
5.	ngth of s	tay in Baltimore	7. SINGL	Revs E. MARRIED.	47/7 K				
	F	w		VED, DIVORCED (Specify)	0	la	st birthday)	Months	Days Hours Min.
worl	A USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHI LACE (S	State or foreign	country)		CITIZEN OF
13	FATHER'S				14. MOTHER'S MA	IDEN NAME			
	& Ka	rled			Refee	ea			
15 (Ye	, WAS DECEAS	ED EVER IN U. S. ARMEI (If you, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	dell		ADDRE	ssy
	18. 2. 2.	n V		CAUSE	OF DEATH	Mysic	uase		NTERVAL BETWEEN
	0 20	SE OR CONDITION					/	0	DNSET AND DEATH
	heart failt	LEADING TO DEA's not mean the mode of the asthenia, etc. It means	of dying, e. a	e, (A)	rebral t	from 1	osis		
	injury or	complication which		L) DUE TO					
Z	DICEACE	ANTECEDENT CAUS		(B)					*******************************
ATION	RISE TO 1	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	HE DUE TO					
FIC/				(C)					
RTII		II SIGNIFICANT CONDI							
CE	TO THE O	G TO THE DEATH, BUT	CAUSING I	Τ.					
AL	19A. DATE (OF OPERATION 1	198. MAJOR	FINDINGS OF OPER	RATION				YES NO
IEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			altimore City	, give e	exact location)
M	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		INJURY OCC	UR?		- 1 - 17 (0)
	22. I hereb	ou certify that I att	m.	deceased from		3 to 8/9	7 . 19	55, the	at I last saw the
	deceased a	live on 8/9	, 19 53	and that death occur	red at 1232 Pm.,	from the car	ises and on	the da	ite stated above
	23A. SIGNA	TURE	Q B	rasel M. D.	Smai Hoshi	ful, Bal	Limore		C. DATE SIGNED
24 TIC	DA JEMOVAL (S	CREMA- 24B. DATE Specify) 8-10-	13	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCAT	OCTO	vn, or co	maty) (State)
	ATE RECEIVE		S SIGNATU	JRE MR	A. FUNERADDIR	ECTOR	4	ADD	DRESS
13	16 9 150 VS 150	- Northwate	- Wil	CALLED TO SERVICE	jackhelic	will z	100 (04	ula	(e) 115
				/					



A.	- 2 53	3	6	8
BIRTH	NO.			
. NAM	E OF	DEC	EASED	F

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7148
Registered No.

2. DATE (Type or Print) ESTHER OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY (If outside corporate limits, write RURAL and give INSTITUTION _township) (If raral, give location) Yrs. ngth of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED. . AGE (in years) It Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months Days Hours Min. vidow 10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR INDUSTI 11. BLRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? House loc 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . RTIFI OTHER SIGNIFICANT CONDITIONS CONlemmis acterios elestre Ht fine TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK 1952, to 22. I hereby certify that I attended the deceased from 1953 that I last saw the deceased alive on 19 13, and that death occurred at_ m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-24B. DATE REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE DDRESS LOCAL REGISTRAR

Weyler in Oft

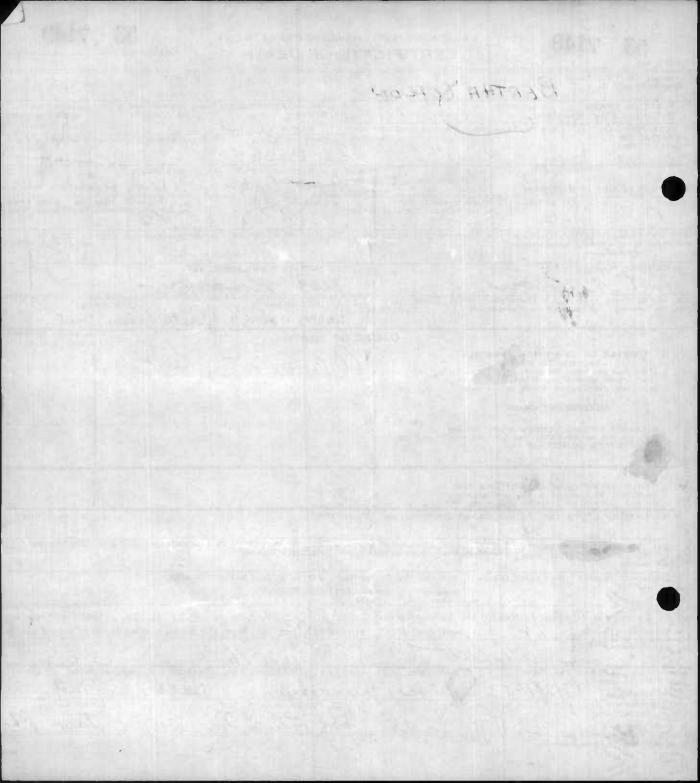
53 7149

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7149 Registered No.

DIDTH NO

ÐΙ	KIH NO.						
(T	NAME OF Dippe or Print)	BER	THA	COPLON		2. DATE OF DEATH	8/8/53
۸.	Baltimore C	City, Maryland	Si or institut	ion, give street address or	A. USUAL RESIDE	NCE (Where deceased lines. COUN	ved. If institution: residence TY before admission)
H	SPITAL OR STITUTION	Bira	Hos	location)	C. CITY OR TOWN	If outside corporat	e limits, write RURAL and give township)
	ngth of st	tay in Baltimore		65 Yrs.	RUCETA CON	4 4 1 0	ve + Lindon Clie
5.	SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH		ars H Under 1 Year H Under 24 Hours Months Days Hours Min.
1 O	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	IAME			14. MOTHER'S MA	IDEN NAME	
15 Ye	. WAS DECEASE , no or unknown)	D EVER IN U, S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	mon as	ADDRESS
	18. 11 5 A			CAUGE	OF DEATH	n - Winston Ja	INTERVAL BETWEEN
MILICALION	heart failuinjury or DISEASES RISE TO TI UNDERLY	LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA III IGNIFICANT CONDI	of dying, e. g ins the diseas caused death SES F ANY, GIVIN STATING TH IST.	(B)	estisios cle	alin Arack	Miss ame
L	TO THE DI	TO THE DEATH, BUT	CAUSING I	т			
1	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		YES NO
בחור		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		ID (If in Baltimore R?	City, give exact location)
2	21D. TIME (Month) (Day) (Year)		21E. INJURY OCCURRENT NOT WHILE AT NOT WHILE	21F. HOW DID	INJURY OCCUR?	
	22. I hereby deceased al 23A. SIGNAT	A		and that death occur	rcd at 5 2 m., 3B. ADDRESS		1933 that I last saw the lon the date stated above.
24	AA. BURIAL, COM REMOVAL (S	REMA- 24B, DATE pecify) 8/9/19	53	Helron Free		24D. LOCATION (City,	, town, or county) (State)
	ATE RECEIVED		S SIGNATU	TRE .	25 FUNERAL DIR	Ine- 2100	Eutaw PL

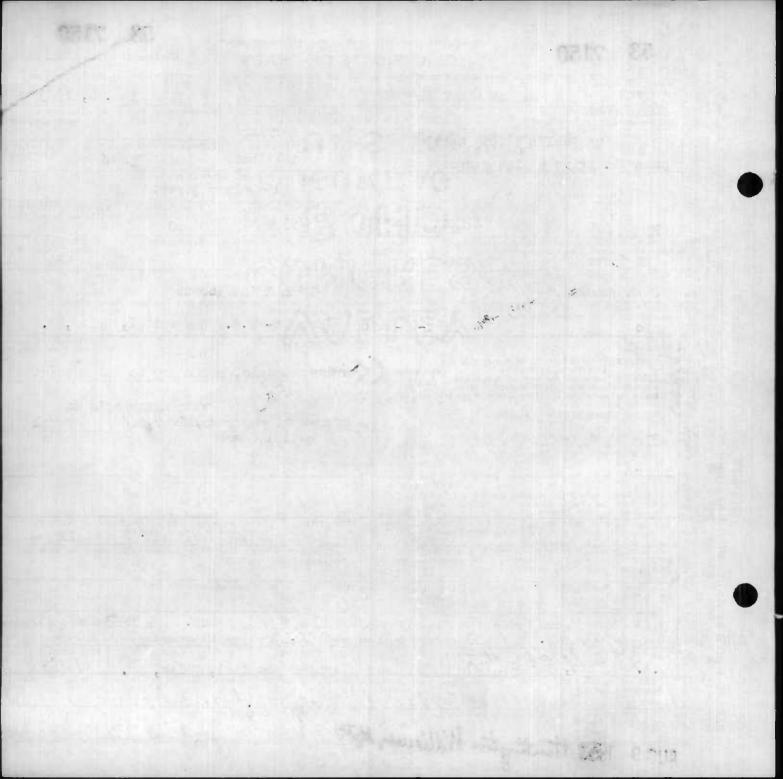


The

J-	5	20	

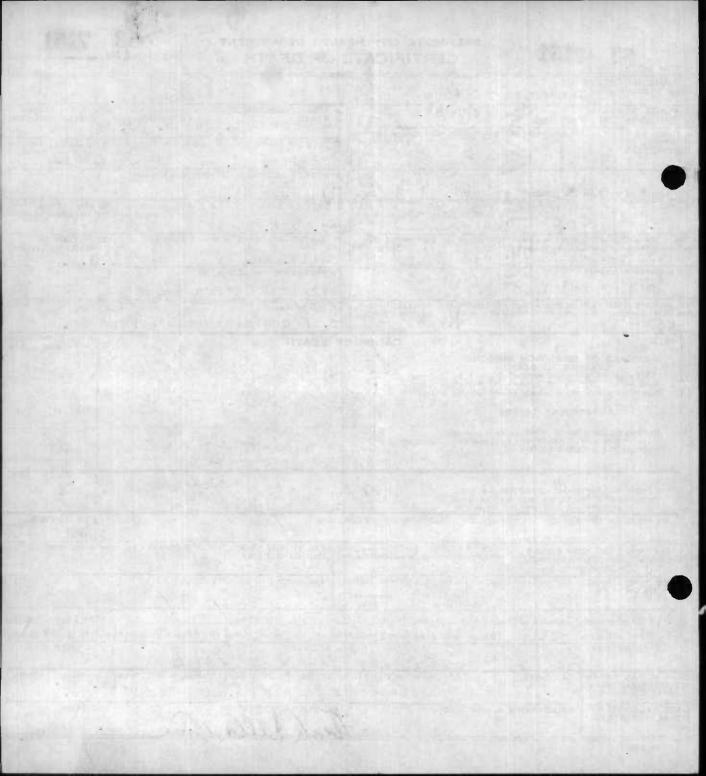
53	7150

		7150	BAI	CERTIFICATI			Registered	No
1.	NAME OF D 'ype or Print)		REN LER	OY THOMAS			2. DATE OF DEATH AU	g. 6, 1953
	PLACE OF D	EATH: City, Maryland			4. USUAL R	ESIDENCE (Where deceased lived, I	
	FULL NAME OSPITAL OR ISTITUTION			ion, give street address or ETVICE location)	c. CITY OR T	ryland own (1 Ltimore		its, write RURAL and give township)
5	7	tay in Baltimore		Yrs. Mos. Days			f rural, give location) m street	1
5.	SEX M	6. COLOR OR RACE	MIDON	E. MARRIED. /ED.DIVORCED (Specify) orced	6/5/93	BIRTH	9. AGE (In years last birthday)	if Under 1 Year lonths Days Hours Min.
wor	doneduring most of Engin			of business or INDUSTRY afarer	Ma	aryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	John T				14. MOTHER Wilhe	s MAIDEN M elmina A		
15 (Ye	NO NO DECEASI	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL 218-05-1698	17. INFORMA		PHS Hospital,	Bal to , Md.
ERTIFICATION	heart failu injury or DISEASE:	a not mean the mode of the asthenia, etc. It mean complication which of anticological and anticological anticologi	ns the disease aused death SES F ANY, GIVIN STATING TI	e,) DUE TO Gar	cinoma of	***************************************	with metasta	Recent asis to Several months
CERTIF	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT OR CONDITION CAUSING	RELATED TO	JTING THE	-			
AL		V	VAS PERFO			PART I	ATION WAS RELATED OF DEATH, ENTER OR PART II	IN YES NO
AEDICA	OR CONTRIL	ENT WAS UNDERLY BUTING CAUSE OF FIFY MEDICAL EXAMINE	about	. PLACE OF INJURY (home, farm, factory, street, office			(If in Baltimore City	, give exact location)
-	21D TIME OF INJURY	(Month) (Day) (Year)	(Hour) m.	WHILE AT NOT WHILE WORK AT WORK	LE	AI DID WOH	UJURY OCCUR?	
2	deceased a 23A. SIGNA G.E. NO	live on Aug. 6	19_53. Sn (R)	and that death occur	rred at 10 110 238. ADDRESS	Pm., from	the causes and on Ralto. Md.	53 that I last saw the the date stated above. 23c. DATE SIGNED 8/7/53 n. or county) (State)
4	4A. BURIAL. ON REMOVAL (S BUF 1 Q) ATE RECEIVE OCAL REGIST	D BY REGISTRAR	1953	Cedar Hil	Cen 25. FUNERAL	a. Ar	ne Arun	ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED 2. DATE (Type or Print) Catherine Minente OF DEATH 3. PLACE OF DEATH: 919 Fawn St. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland OTOTEFawn St. Balt COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give township) Balto. Md. D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 919 Fawn St. Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | Il Under | Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. Married Dec. 1st. 1903 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anthony Palmisano Margaret Guffre 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Recco Minento 919 Fawn St. No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES **FICATION** (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS EDICAL 21B. PLACE OF INJURY (e.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY NOT WHILE 22. I hereby certify that I aftended the deceased from_ that I last saw the 1903, and that death occurred at 119 m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23C. DATE SIGNED 23B. ADDRESS 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24c, NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) Rd. and Moravia Ave. Hely Redeemer Belair ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



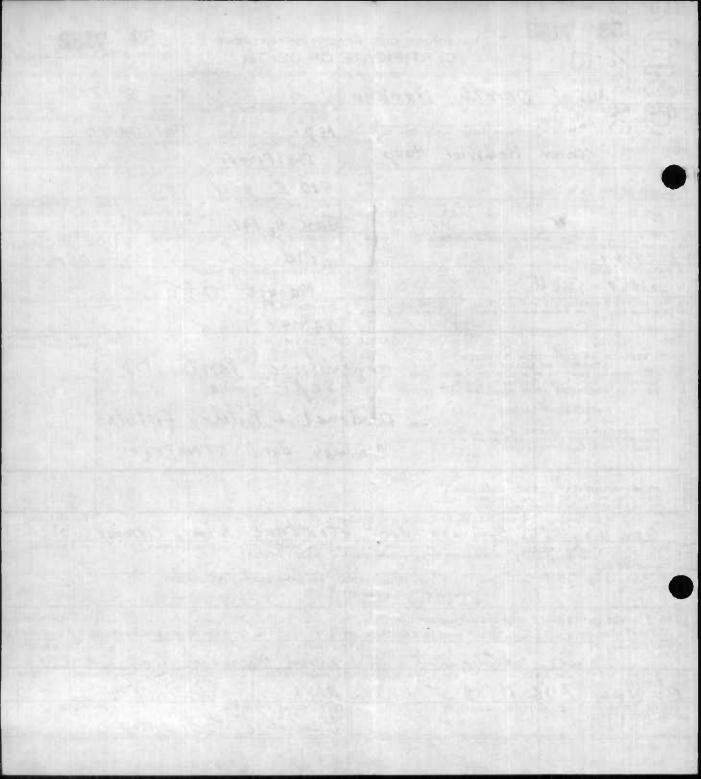
B-6	53	715	S
NAME OF	DECEAS	ED	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

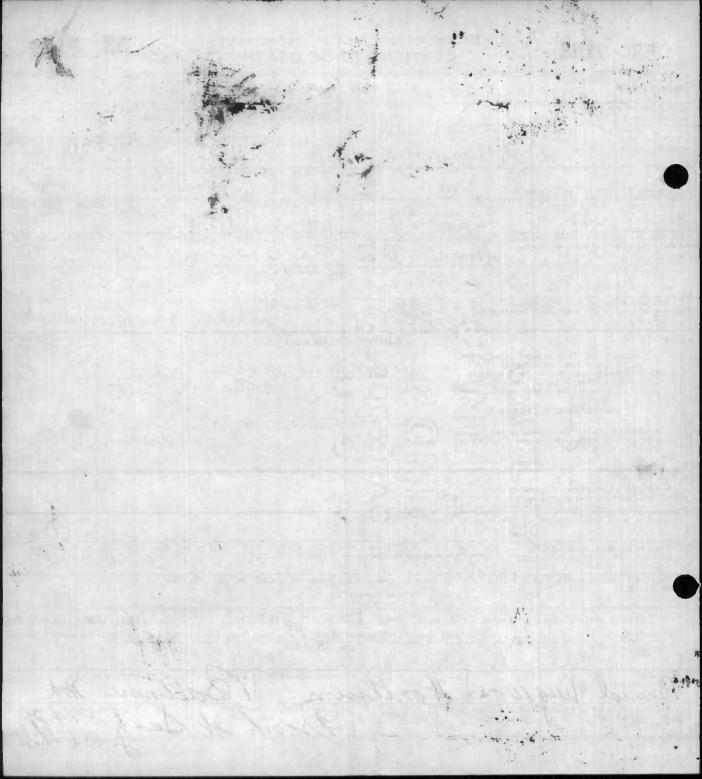
53 7152 egistered No.

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) Make Dorotky Barker	2. DATE OF DEATH 8-8-53
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address of	
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Union Memorial Hosp.	Baltimore 7-03
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (In years) if Under 1 Year If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork done during most of working life, even if retired) INDUSTR	Y WHAT COUNTRY
13. FATHER'S NAME	Ma. USA
	14. MOTHER'S MAIDEN NAME
Walter Bell	Maggie Oft
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL Yes, no or nnknown) (1f yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
SECOMPT NO.	same
18. 5 86 X , CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	exalized Peritonitis
mean failure, addiction, etc. It means the disease,	* C 4 77.
injury or complication which caused death.) DUE TO	4 Septicemia
ANTECEDENT CAUSES	1 1 01 641
(B)	denal + Bilary fistular
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	mon duct stricture
II de la companya de	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 7 198. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY7
Van 21,1953 Common GOCT	STricture Bilary Cirrolsis YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	in or 2IC. WHERE DID (If in Baltimore City, give exact location) .,etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby eertify that I attended the deceased from	, 19, to, 19, that I last saw the
deceased alive on, 19, and that death occu	urred atm., from the causes and on the date stated above
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
Tourse Sahnender M.D.	Union Memoral Korp 8-8-83
24A. BURIAL, CREMA. 24B. DATE TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL AUG 11/53 ST. MARY.	S HAMPDEN BALTINDRE NID.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	W WM PO O -

69044



5-140 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED (Type or Print) 2. DATE Diver OF William DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE RAPY AND B. COUNTY before admissi A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Union Memorial Hosp Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Philes c. Length of stay in Baltimore Dane 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | | Under I Year last birthday) | Months; Days Hours Min. - 21 - 1893 male married IOA. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? millworker Baltimore Cotton Duck 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theodore 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (if yes, give wer or dates of service) John E.ShiPley 29/1 Incles AVE CAUSE OF DEATH 22.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ras cular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., otc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY 0) - 4 - , 1953 to . 1953 that I last saw the 22. I hereby certify that I attended the deceased from_ , 1953, and that death occurred at A ham., from the causes and on the date stated above, deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23. DATE SIGNED 24A BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Johnsell DATE RECEIVED BY 25. TUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS VS 150

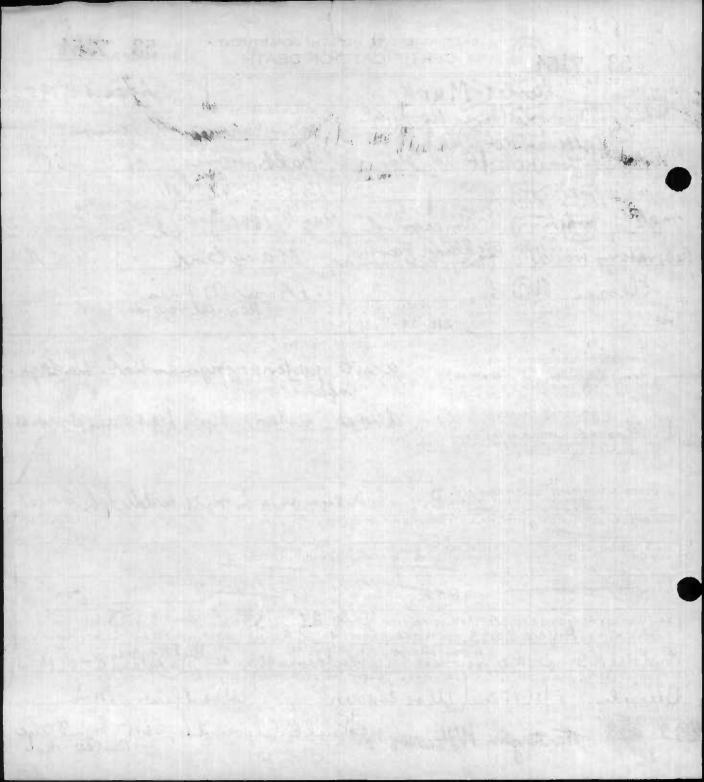


M-620

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registed No.7154

BIRTH NO. 30			
I. NAME OF DECEASED Cha	nles Mark		OF August 8, 1953
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in ho	Zuffleren Hospifal ospital or institution give street address or	A. STATE	deceased lived. If institution; residence B. COUNTY before admission)
HOSPITAL OR Lutheran	Hopifal Jocation		le corporate limits, write RURAL and give township)
c. Length of stay in Baltimor	Yrs. Mos.	D. STREET ADDRESS (If rural,	give location)
5. SEX 6. COLOR OR RA		B. DATE OF BIRTH Man 7. / 291	GE (In years If Under 1 Year Mours Min.
10A. USUAL OCCUPATION (Give king k done during most of working life, even if ret	and of IOB, KIND OF BUSINESS OR HIS CANAL FAIDLISTRY	II. BIRTHPLACE (State or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	la a	14. MOTHER'S MAIDEN NAME	1
15. WAS DECEASED EVER IN U.S. AF	RMED FORCES? dates of service) 16. SOCIAL SECURITY NO. 216-03-9431	17. INFORMANT HOSpital	vew do Address
DISEASE OR CONDITION LEADING TO IT (This does not mean the mother trailing, asthenia, etc. It	CAUSE ON DIRECTLY DEATH ode of dying, e. g.,	of DEATH	cardial 16 days
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION II OTHER SIGNIFICANT CO	AUSES (B) (B) (S, IF ANY, GIVING (A) STATING THE N LAST. (C)		heart disease 3 months
TRIBUTING TO THE DEATH, TO THE DISEASE OR CONDITION 194. DATE OF OPERATION	BUT NOT RELATED STORMAN	alumenta in night	middle lobe 4 reeks
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., about bome, farm, factory, atreet, office bidg.,		Baltimore City, give exact location)
21D. TIME (Month) (Day) (YOF INJURY	Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		CUR?
deceased alive on Augus	attended the deceased from Ju 48, 1953, and that death occu	rred at 2 a. m., from the ca	uses and on the date stated above.
Rudulu M. Bander 24A. BURIAL, CREMA 24B. DAT TION REMOVAL (Specify)		RY OR CREMATORY 24b. LOCAT	ION (City, town, or county) (State)
DATE RECEIVED BY REGISTR LOCAL REGISTRAR	AR'S SIGNATURE	25. FUNERAL DIRECTOR Paul E. Clemania	L 3615 Chemy and
***	6	095-41	1000



MARGIN RESERVED FOR BINDING

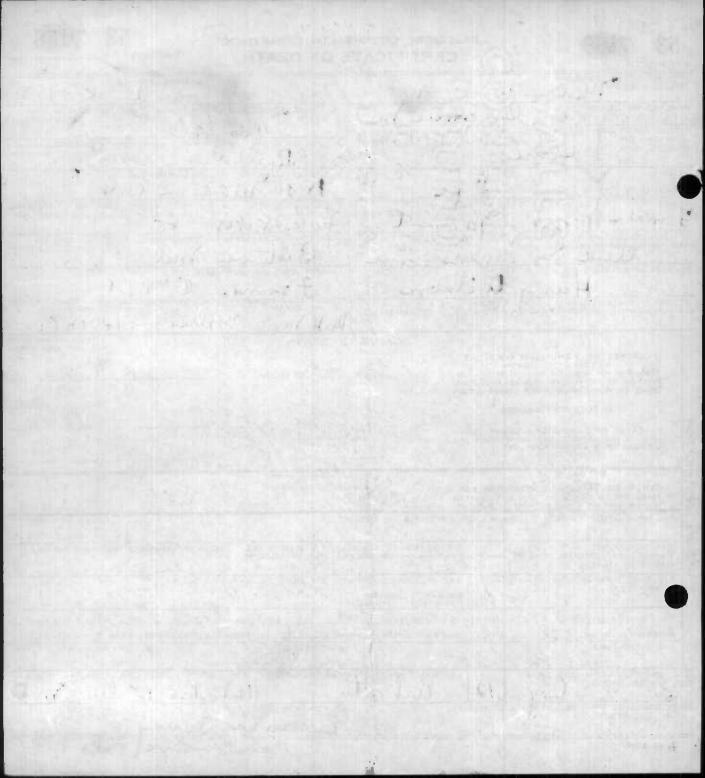
E	MAF-17: 53 7:	1817 165		EALTH DEPARTMENT 53 71 Registered No.	55
	. NAME OF D Type or Print)	ECEASED Alexis	G	2. DATE OF	
	Baltimore		Scott Towers	4. USUAL RESIDENCE (Where deceased lived, If institution a. STATE s. COUNTY before	residence
	FULL NAME		tal or institution, give street address or	Maryland	
1	NSTITUTION		re City Hespital stern Ave.	Baltimere / 0 - 0 1	township
1	21		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	,
		stay in Baltimore	Days	1124 Ashland Ave. #2	
	ale	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	June 30, 1875 9. AGE (In years H Under Year last birthday) Months Days 78	Hours Win
WO	rk done during most	CUPATION (Give kind of of working life, even if retired) Post Office	108. KIND OF BUSINESS OR INDUSTRY Clifton Station	11 BIRTHRI ACE (State or foreign country)	EN OF
1	3. FATHER'S	NAME		14. MOTHER'S MAIDEN NAME	
		William Tow		Agnes Irving	
(Y	5. WAS DECEAS es, no or unknown) NO	ED EVER IN U. S. APME (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO. none	B. C. H. 4940 Eastern Ave. (record	a)
ERTIFICATION	IO INE	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II BNIFICANT CONDITIONS DEATH BUT NOT DE CONDITION CAUSING	F ANY, GIVING STATING THE DUE TO AST. (C)	asive CardieVascular Diseasc	
AL C	19A. DATE C	F OPERATION 1	98. CONDITION FOR WHICH OF VAS PERFORMED	PERATION IF OPERATION WAS RELATED TO 20. AI CAUSE OF DEATH, ENTER IN PART I OR PART II YES	JTOPSY?
EDIC	OR CONTRIB	ENT WAS UNDERLY BUTING∐ CAUSE OF FIFY MEDICAL EXAMINE	about home, farm, factory, street, office	e. g., in or 21C. WHERE DID (If in Baltimore City, give exact	leastion
	210. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK	LE THE STATE OF TH	location)
Σ	OF INJURY				location)
2	22. I hereb	live on 8-6		rred at 11 Pm., from the causes and on the date st	ast saw th
2	22. I hereb	live on 8-6	. 19_53, and that death occur	rred at 11 P m., from the causes and on the date st	ast saw th ated above TE SIGNED
2 1	22. I hereb	CREMA- 24B. DATE Specify) 8/10/53	. 19_53, and that death occur	rred at 11 Pm., from the causes and on the date st 23s. ADDRESS 23c. DA 1940 Fastern Ave. Balto. Md. 8-6- RY OR CREMATORY 24D. LOCATION (City, town, or county)	ast saw th ated above TE SIGNED (State)

AND DEPTH STATE Second Benjale Butters IN THE PERSON TO VENEZUE OF THE PARTY OF THE ning-limitation berillmanning and Strike to ameni delimentologia estresitare T

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 12 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE BICOUNTY before admission) (If not in hospital or institution, give street address or 1830 MAG 13 closation) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location Mos. Length of stay in Baltimore dian Days 6. COLOR OR RACE 7. SINGLE MARRIED.
WIDOWED, DIVORGED (Specify) 9. AGE (in years) an 20 10A. USUAL OCCUPATION Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, of en if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer of dales of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. Un. -01201 260 x and E903.0 DISEASE OR CONDITION DIRECTLY INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. QUE TO (C) .. OR ASST MEDICAL EXAMINER. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPS 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH Hame 830 210. TIME (Month) (Day) (Year) (Hour) 2 21E. INJURY OCCURRED 215 HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby cerfify that I attended the deceased from . 195 Sthat I last saw the deceased alive on 8 - 8 195 and that death occurred at 95 m., from the carses and on the date stated above, 23A SIGNATURA 23B_ADDRESS 23C_DATE SIGNED 24A BURTAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) June mal 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

VS 150 N 8 20.0

LOCAL REGISTRATE

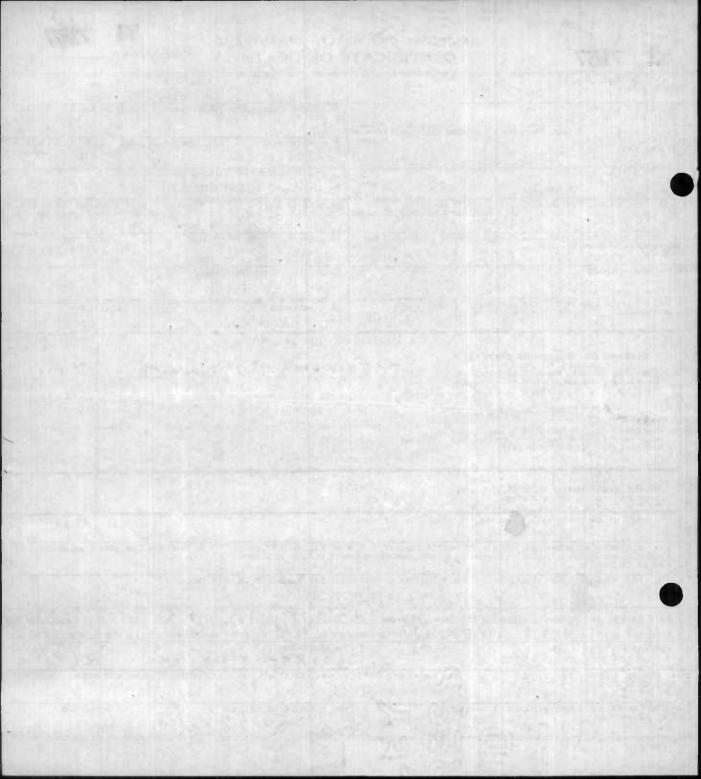


27-155	
53. 7157	
1. NAME OF DECEASED (Type or Print)	Jos
3. PLACE OF DEATH	

BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH 2. DATE seph M. Tubman OF DEATH AUG. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Ild. HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Edmondson Ave Yrs. D. STREET ADDRESS (If rural, give location) Life Mos. 3809 Edmondson Ave ength of stay in Baltimore Days AGE (In years | Il Under | Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE. MARRIED 8. DATE OF BIRTH 9. AGE (In years) Lale WIROWED DIVORCED (Specify) Jan. 24/08 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? larine Engineer Line Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME amuel E. Tubman Estelle Bevan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) Mrs. Helen K. Tubman, 3809 Edmondson Av 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., CAREINOMA RIGHT Luiva 7 1403 heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 1953 to Any 6 , 1953 that I last saw the 4726 22. I hereby certify that I attended the deceased from. deceased alive on A 1933, and that death occurred at_ m., from the causes and on the date stated above. 23 SIGNATURE 23c. DATE SIGNED 3629 Edmontson Ave Mese 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or eounty) 24A. BURIAL, CREMA-24B. DATE TION. REMOVAL (Specify New Cathedral Paltimore. "d. Buria DATE RECEIVED BY ADDRESS LOCAL REGISTRAR Ldmondson Ave.

VS 150



7158 BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Mrs. Agres KEINHARDT DEATH 4. USUAL RESIDENCE (Where deceased lived of institution: residence
A. STATE
B. COUNTY before admissi 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Davs 6. COLOR OR RACE 9. AGE (In years | | Under | 1 Year | | Under 24 Hours | last birthday | Months: Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF 10B, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? GSRMAN4 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL ADDRESS SECURITY NO. Jamp INTERVAL BETWEEN 18. 260 X CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. eabeles mellitus a seidais

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

20. AUTOPSY

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

210. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from_

WHILE AT

19.53 to , 19 S that I last saw the __ 1953, and that death occurred at_ _m., from the dauses and on the date stated above,

deceased alive on_ 23A. SIGNATURE

23c. DATE SIGNED

24B. DATE

24C NAME OF CEMETERY OR

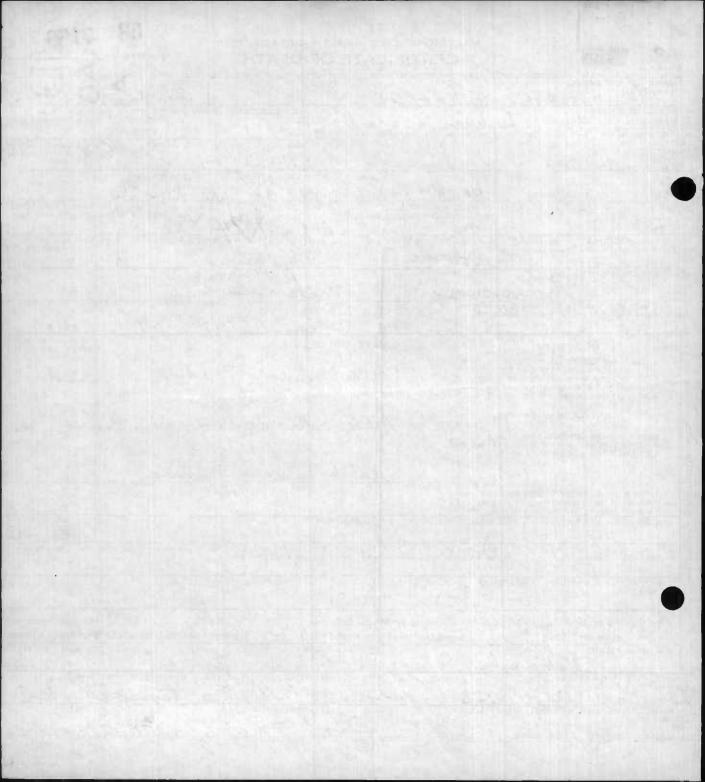
DATE RECEIVED BY

ADDRESS

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

VS 150



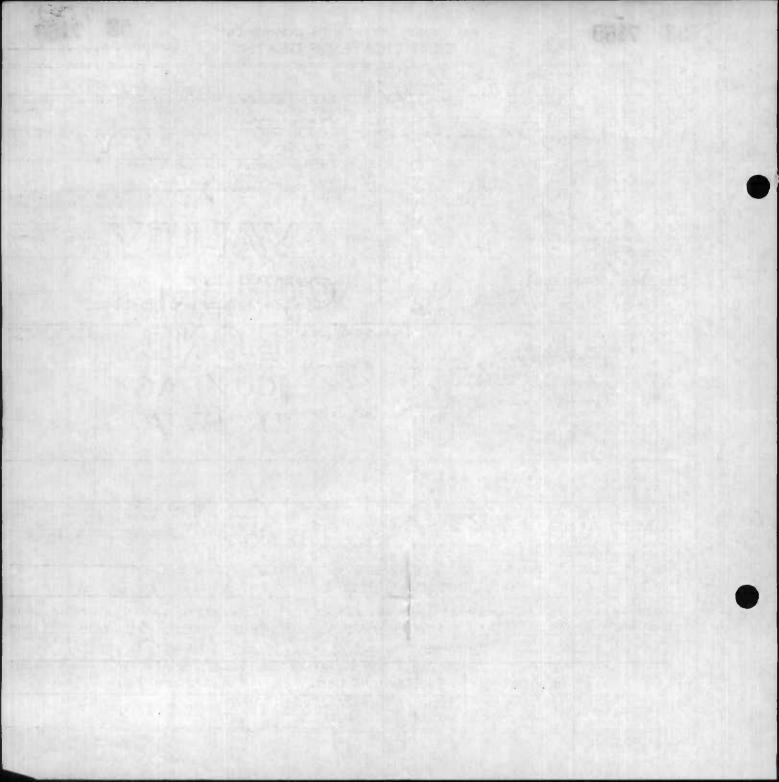
53

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

81	RTH NO.							
(T;	NAME OF DECEASED JOHNSON MARY C. JOHNSON)	2. DATE OF DEATH Aug. 7, 1953						
A.	Baltimore City, Maryland Hospital.	A. USUAL RESIDENCE (Where deccased lived. If institution: residence A. STATE B. COUNTY before admission)						
HO	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR University of Mary land Hospitalion)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
701	Yrs.	o. STREET ADDRESS (If rural, give location)						
-	Length of stay in Baltimore Life Days	4/12 St. Thomas are.						
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 fear if Under 24 Hours Months Days Hours Min.						
	A. USUAL OCCUPATION (Give kind of tops during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
C	harles Rosenthal	Margaret Tillman						
15 (Yes	(If yos, give war or dates of service) (If yos, give war or dates of service) O	Clarence F. Johnson (Husbande)s 4112 St. Thomas Ave.						
FICATION	heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	cinomatoris from G. I. cit. liovascele failure						
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
AL O	19a. Date of OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED Chalonne	CAUSE OF DEATH, ENTER IN PART I OR PART II						
EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUS							
N	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY no. work Norwhile AT Work							
	22. I hereby certify that I attended the deceased from Aug.	rred at 4:30 m., from the causes and on the date stated above.						
	Sadreden Moran	University Hospital 23c. DATE SIGNED 8/7/53						
TI	4A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETE	Cem. Baltimore Md. (State)						
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	P25. FUNERAL DIRECTOR HENRY SANDER & SONS.INC. Bellimore Md.						
17	AU (ge 1130 1903	Se A. hal						

Sleet T. Hunden



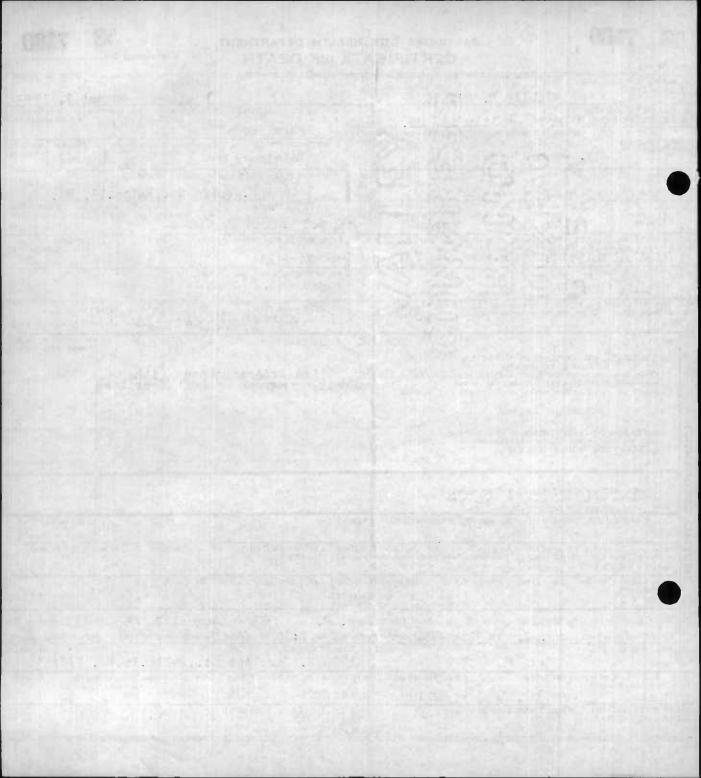
53 71.60
BIRTH NO.
1. NAME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT

	53	7160
gistered	No	1200

	DTU NO			CERTIFI	CATE	OF DEATH	Н	Registere	ed No	7	00
	NAME OF D	ECEASED (WTT)	TAM	STEWART	OIN	Sir at a s		2. DATE			
	pe or Print)	,	MS. O					OF	August	7 1	0.57
	PLACE OF D Baltimore (EATH:		ore Md.		4. USUAL RESIDE	NCE (Whe	DEATH ere deceased live B. COUNTY	d. If institu	tion: resi	dence dmission)
	FULL NAME	OF (If not in hospit	al or institu	tion, give street ad	ldress or	Marylan					
	STITUTION	CA Tananh I	. 77		ocation)	C. CITY OR TOWN		tside corresate l	imits, write		and give township)
		St. Joseph!	e no sp	ital		Baltimo	re	0	00		Ownship)
	ength of s	tay in Baltimore	65 _	% YRS.	Yrs. Mos. Days	D. STREET ADDRE		e St. Ba]		Md.	
5.	Male	6.COLOR OR RACE	7. SINGL	E. MARRIED, WED, DIVORCED Married	(Specify)	8. DATE OF BIRTH		6 AGE (In year last birthday)		lear If Un Days Hou	der 24 Hours irs Min.
10.	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIN	D OF BUSINESS		11. BIRTHPLACE (S		ign country)	12. C	ITIZEN (OF OUNTRY?
		retired 4y	r.Md.	Colorpr	HU CH	ng Virginia				SA	
13	FATHER'S	NAME	300			14. MOTHER'S MA					
	John O	Neil				Maggie C. R	achar				
15 (Yes	, was decease , no or unknown)	D EVER IN U.S. ARME! (If yes, give war or date	FORCES?	16. SOCIAL 5-01-753	3 ^{NO.} E	17. INFORMANT	n Q:N	eils(Wi	fê)DRES	55	
	18. 450	1				OF DEATH			IN	TERVAL I	
		E OR CONDITION	DIRECTLY						or	VSET AND	DEATH
		LEADING TO DEA	TH		Gene	moline Anti-	riomahe	nd 18			
	heart failu	re, asthenia, etc. It mea	ns the disea	se,	sch	ralize Arter rotic gangrer	ne of 1	eft fore	toss		************
	injury or	complication which	caused deat	h.) DUE TO		0					
		ANTECEDENT CAUS	SES								
Z	DISEASES	OR CONDITIONS, I		(B)		***************************************			1-010-1100000	*************	
잂	RISE TO T	HE ABOVE CAUSE (A)	STATING T						FA		
∢	UNDERLY	ING CONDITION LA	ST.	(C)				•			
ERTIFICATION	OTHER	II IGNIFICANT CONDI	TIONS OF								
H	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	FD							
U		SEASE OR CONDITION							THE RESERVE OF THE PARTY OF THE		-
ᆜ	19A. DATE C	F OPERATION 0	9B. MAJOI	R FINDINGS OF	- OPER	ATION			7000	20. AUTO	
O	21A ACCID	ENT WAS UNDER-	1 218 PI	ACE OF INJURY	/ (a m iv	or 21c. WHERE D	ID (If	in Baltimore Ci		YES L	No L
MEDICAL		R CONTRIBUTING	about home	, farm, factory, street, of	Mice bldg.,e	injury occui	R?	in Baltimore Of	cy, give ex	act locat	
	INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY O	CCURRE	D 21F. HOW DID	INJURY	OCCUR?			
	Mooki		m.	WHILE AT NO	T WORK						
	22 I hough	as condificable of Table				2 1057	40 An	7 1	OF 7 41	4 7 7 4	47
		y certify that I at									
	23A. SIGNA	live on Aug. 7.	, 19 54	and that deat		3B. ADDRESS	from the	eauses and o		DATE S	
		Telagio	E. Lay	N.	4. D. 1	400 N. Carol			3, Md.	8/7/5	53
24	A. BURIAL.	CREMA- 24B, DATE				RY OR CREMATORY				nty)	(State)
	Burial	Aug. 10.	1953	Loudon	Par!	k Cem.	Balti	imore Mo			
	TE RECEIVE	D BY REGISTRAR			. 44		ECTOR &	SONS.II	IC ADD	RESS	
LC	CAL REGIST	The total	nator	Wallacia	M	Balltimore		DOND. II			
=	1	1.1.1	73			PSIT PRIOTE	rice.		1	1	

5124M Stay to Saule



1.	NAME OF Type or Print)	DECEASED	Dahm on			OF DEATH	atum.	195
A	Baltimore	City, Maryland	A-Oslee V	A. STATE	SIDENCE (Wh	ere deceased lived B. COUNTY		residence e admiss
11	OSPITAL OF NSTITUTION	JOHNS HOPKI		Ba	Otimos	itside corporate li	1-04	towns
-		stay in Baltimore	Yrs. Mos. Days	316	W. Ith	ral, give location)	57.	
	mule	Color or RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif	" 7-28		46	Months Days	
WOI		CCUPATION (Give kind of st of yorking life, even if retired)		11. BIRTHPLAC	State or fore	ac	12, CITIZE WHAT	
1 1 (Y	FATHER'S	MANOW	~1	14. MOTHER'S	MAIDEN NAM			
1 (Y	5. WAS DECEA	SED EVER IN U. S. ARME (If yes, give war or date		17. INFORMAN		HOPKINS H	ADDRESS IOSPITAL	
ATION ATION	(This do heart fai Injury of DISEAS	ASE OR CONDITION LEADING TO DEA LEADING TO DEA lure, asthenia, etc. It mes r complication which ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA	DIRECTLY TH of dying, e. g., this the disease, caused death.) DUE TO SES F ANY, GIVING STATING THE USE TO SET	of DEATH MAL Hemo MALIZE MA			Certua	AND DI
NO.	DISEAS RISE TO UNDER	LEADING TO DEA ses not mean the mode of lure, asthenia, etc. It mer r complication which of ANTECEDENT CAU: ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LO IGNIFICANT CONDITIONS E DEATH BUT NOT	DIRECTLY TH Of dying, e.g., ins the disease, caused death.) DUE TO BES (B) UE TO DUE TO CONTRIBUTING RELATED TO THE	ral Hemo			Certua	AND DI
CERTIFICATION	DISEAS RISE TO UNDER	LEADING TO DEA es not mean the mode of lure, asthenia, etc. It mer r complication which of ANTECEDENT CAUSE ES OR CONDITIONS, THE ABOVE CAUSE (A) LYING CONDITION LA II IGNIFICANT CONDITIONS E DEATH BUT NOT OR CONDITION CAUSING OF OPERATION	DIRECTLY TH Of dying, e.g., ins the disease, caused death.) DUE TO BES (B) UE TO DUE TO CONTRIBUTING RELATED TO THE	nal Hemo unaliza unaliza	d Arter	ON WAS RELATE DEATH, ENTER	Cerlesal LOTIO LATINA LATIN	PY A
CERTIFICATION	DISEAS (This de heart fai linjury of linjury	LEADING TO DEA es not mean the mode of lure, asthenia, etc. It mer r complication which of ANTECEDENT CAUSE ES OR CONDITIONS, THE ABOVE CAUSE (A) LYING CONDITION LA II IGNIFICANT CONDITIONS E DEATH BUT NOT OR CONDITION CAUSING OF OPERATION	DIRECTLY TH of dying, e. g., that is the disease, caused death.) DUE TO SES FANY, GIVING STATING THE AST. CONTRIBUTING RELATED TO THE G IT. 98. CONDITION FOR WHICH (CONTRIBUTION FOR WHICH (CONT	DPERATION (e.g., in or) 21C. W	IF OPERATION OF PARTION	ON WAS RELATE DEATH, ENTER	LOTIO LATINATION OF TO SOLUTION OF T	TOPSY NO
MEDICAL CERTIFICATION	DISEAS RISE TO UNDER OTHER S TO TH OISEASE 19A. DATE	LEADING TO DEA es not mean the mode of lure, asthenia, etc. It mer r complication which of ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA IGNIFICANT CONDITIONS E DEATH BUT NOT OR CONDITION CAUSINO OF OPERATION DENT WAS UNDERLY IBUTING CAUSE OF DIFFY MEDICAL EXAMINI (Month) (Day) (Year	DIRECTLY TH of dying, e. g., ins the disease, caused death.) DUE TO BES FANY, GIVING STATING THE CONTRIBUTING RELATED TO THE 3 IT. 9B. CONDITION FOR WHICH (WAS PERFORMED ING 21B. PLACE OF INJURY F about home, farm, factory, street, offer) O(Hour) 21E. INJURY OCCUR WHILE AT NOT WI	DPERATION (e. g., in or 21c. W cobldg., etc.) RED 21F. HG	IF OPERATION OF PART 1 OR HERE DID (I	ON WAS RELATE DEATH, ENTER PART II	LOTIO LATINATION OF TO SOLUTION OF T	TOPSY NO
MEDICAL CERTIFICATION	DISEAS (This do heart fai Injury of	LEADING TO DEA es not mean the mode of lure, asthenia, etc. It mer r complication which of the complication which of the complication which of the complication of the complication of the complition causing the complition causing the complition of the complete comp	DIRECTLY TH of dying, e. g., this the disease, caused death.) DUE TO BES F ANY, GIVING STATING THE AST. CONTRIBUTING RELATED TO THE 3 IT. 9B. CONDITION FOR WHICH (WAS PERFORMED ING 21B. PLACE OF INJURY F about home, farm, factory, street, offi ER) O (Hour) 21E. INJURY OCCUR WHILE AT NOT WI WORK AT WC tended the deceased from	DPERATION (e. g., in or 21c. W INJUR' cebldg., etc.) RED 21F. He	IF OPERATION OF PART 1 OR	ON WAS RELATE DEATH, ENTER PART II	D TO 20, AU YES I	TOFSY NO location
MEDICAL CERTIFICATION	DISEAS (This de heart fai Injury of	LEADING TO DEA es not mean the mode of lure, asthenia, etc. It mer r complication which of the complication which of the complication which of the complication of the complication of the complition causing the complition causing the complition of	DIRECTLY TH of dying, e. g., trus the disease, caused death.) DUE TO SES FANY, GIVING STATING THE AST. CONTRIBUTING RELATED TO THE 3 IT. 9B. CONDITION FOR WHICH (NAS PERFORMED) ING 21B. PLACE OF INJURY FER) O(Hour) 21E. INJURY OCCUR WHILE AT NOT W. WORK NOT W. AT W. tended the deceased from 19 2. and that death occ (ING) AT W. The second of the deceased from 19 2. and that death occ (ING) AT W. The second of the deceased from 19 2. and that death occ (ING) AT W. The second of the deceased from 19 2. and that death occ	DPERATION (e.g., in or 21c. W Cobldg., etc.) RED 21F. House 22F. Houred at 423 23B. JOHNSS H	IF OPERATION PART I OR PAR	ON WAS RELATE DEATH, ENTER PART II In Baltimore Converted to the converte	D TO 20. AU YES I ity, give exact 1	TOPSY NO location ast sau ated at
MEDICAL CERTIFICATION	DISEAS (This do heart fai ln jury of ln jury	LEADING TO DEA es not mean the mode of lure, asthemia, etc. It mes r complication which ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA BE DEATH BUT NOT OR CONDITION CAUSING OF OPERATION OF OPERATION OF OPERATION (Month) (Day) (Year OF CONDITION CAUSE (Month) (Day) (Year OF OPERATION (Month) (Day) (Year)	DIRECTLY TH of dying, e. g., this the disease, caused death.) DUE TO SES F ANY, GIVING STATING THE STATING THE AST. G CONTRIBUTING RELATED TO THE G IT. 19B. CONDITION FOR WHICH ON WAS PERFORMED ING AND AND AND WHILE AT WORK WHILE AT WORK Tended the deceased from 19 2 and that death occ	DPERATION (e.g., in or 21c. W Cobldg., etc.) RED 21F. House 22F. Houred at 423 23B. JOHNSS H	IF OPERATION PART I OR PAR	ON WAS RELATE DEATH, ENTER PART II	D TO 20. AU YES I ity, give exact 1	NO location ast sar ated al

to a transportation of the TO ASTAL WARRENCE STATE OF THE PARTY OF THE Complete and the barrier and Continue to the state of MOS T

(A) L-516			*	
52 7169	TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered No.	7162
1. NAME OF DECEASED	rank Raymond S	R.	2. DATE OF DEATH AUGUS	+ 7 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Wh		
B. FULL NAME OF (If not in hospital or institut HOSPITAL OR INSTITUTION	location)	Maryland c. CITY OR TOWN (If or	daltinutside corporate limits, v	vrite RURAL and give township)
St. Joseph	s Hospital	Baltimore p. STREET ADDRESS (If ru	ral, give location)	
ength of stay in Baltimore	Mos. Days	518 Middle Rive		
Wole Widow	E, MARRIED. /ED, DIVORCED (Specify)	B. DATE OF BIRTH LOCE . 12-1890		er i Year if Under 24 llours As Days Hours Min.
10A. USUAL OCCUPATION (Give kind of vork done during most of work log life, even if retired) Retired railroader	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	,	
11 rknown	1	Unknow		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, giva war or dates of service)	16. SOCIAL SECURITY NO.	my Ella Han	na (daner	ater)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the diseas injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON	e, .) OUE TO (B)A]	remia rteriosclerosis, g	eneraliz e d	
I TRIBUTING TO THE OEATH, BUT NOT RELATE	.D			
194 DATE OF OPERATION 198 MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
LYING OR CONTRIBUTING about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		in Baltimore City, give	
INJURY	21E. INJURY OCCURRING WHILE AT WORK		OCCUR?	
22. I hereby certify that I attended the deceased alive on August 7, 1953.	deceased from Aug	ust 6 , 19 53 to Au	gust 7, 1953,	
23A SIGNATURE	2	3B. ADDRESS		23c. DATE SIGNED
244 BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	11:00 N. Caroline RY OR CREMATORY 240. LO	CATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATULE LOCAL REGISTRAR	JRE GARD	25 FUNERAL DIRECTOR	11/	DDRESS
VS 150	69	050		md.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MATTY W. Meushaw DEATH HUGUST 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MAYY/AND HOSPITAL OR location' (If outside corporate limits, write RURAL and give INSTITUTION 715 Mc CAbe AVE BALTIMOSE D. STREET ADDRESS (If rural, give location) Yrs. Mos. 58Yrs ngth of stay in Baltimore 715 ME CADE Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under | Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. If linder 24 Hours WIDOWED, DIVORCED (Specify) MALE white DIVorced 1871 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Bridge ENGINEET BALTIMORE CITY 13. FATHER'S NAME Meushaw 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. No NONE 18. CAUSE OF DEATH INTERVAL BETWEEN DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION YES 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! 1953 to aug. 8 19 3 that I last saw the 22. I hereby certify that I attended the dcceased from___ m., from the causes and on the date stated above. deceased alive on Aug 8 A 1953, and that death occurred at 5 23A. SIGNATURE 23c. DATE SIGNED

24c, NAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA-TION, REMOVAL (Specify) BOYIAL

Cemetery LOTYAINE

WoodLAWN

DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

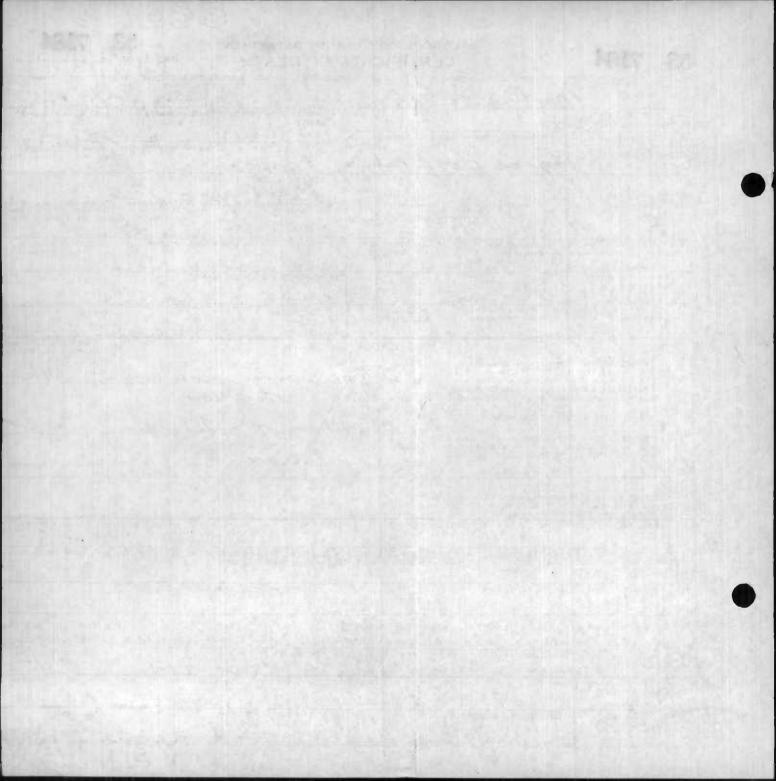
ADDRESS

VS 150

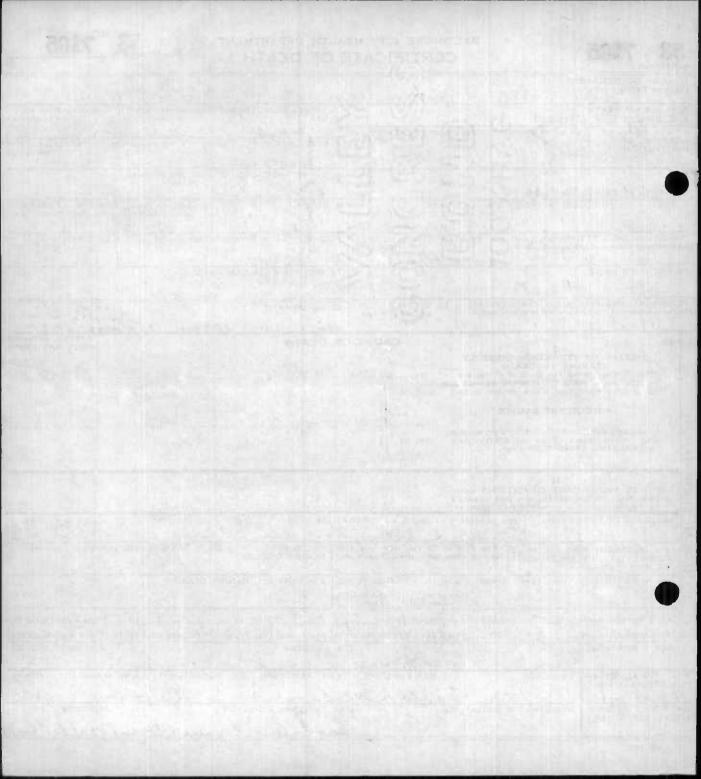
WHITE HE ERENENW The Park of the Park of the Borger Berlinger Soversee Wester Handson

"	5	5-552	X
The	5	3 7164 BALTIMORE CITY HEAD CERTIFICATE	
	1. (T	1. NAME OF DECEASED (Type or Print) Mrs Grace Schmink	4c 2. DATE 0F 8-7-1953
supplied.	Α.	3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission
11y	H	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION SF Agnes Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and gir township
d be carefully and legibly.	+ c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)
	5.		3. DATE OF BIRTH 9. AGE (In years it Under I Year last birthday) 10. AGE (In years it Under I Year Months Days Hours Mir
n should clearly an		10A. USUAL OCCUPATION (Givekind of ork planed uring most of working life, even if retired) INDUSTRY	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
information shous of death clearly	73	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
of info	1.5 (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT /E Schminge, Int Cliffe au
em of i		18. 0584X, CAUSE OF	F DEATH INTERVAL BETWEE
Every iter		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	e venous mesenterie 34hrs
1	CATION	ANTECEDENT CAUSES (B) Throm	bois of portal vein
UNFADING INK. Physicians: please		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Celithiasis
	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
1-1	AL C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER WAS PERFORMED	RATION IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II YES NO
	4EDIC	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bidg	s., in or 21c. WHERE DID (If in Baltimore City, give exact location)
	2	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY m. WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
		22. I hereby certify that I affended the deceased from aug	7 , 1953, to dug 7 , 1983, that I last saw t
TE		deccased alive on 1953, and that death occurred	ed at 3757m., from the causes and on the date stated above

20. AUTOPSY ED TO ER IN City, give exact location) 1953, that I last saw the on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE (State) 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MAS MACKENZIT OF LARA DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 2 June HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR HOWN INSTITUTION Yrs. D. STREET ADDRESS (Af rural, give location) Mos ength of stay in Baltimore Dave 5. SEX 9. AGE (In years | Il Under 1 Year | Il Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORGED (Specify) 18 Widowed. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Houseville 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no nr unknown) (If you, give war or dates of service) SECURITY NO. noviette Pa 10. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICA (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL YES L concerno over 21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about hume, farm, factory, street, uffice bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE AT WORK , 19 3 that I last saw the 22. I hereby certify that I attended the deceased from-_, 19 __, to_ 19.5.3 and that death occurred at 12:34 Pm., from the causes and on the date stated above. deccased alive on. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA- /24B. DATE 24C. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) Buria DATE RECEIVED 8Y REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR LOCAL REGISTRAR

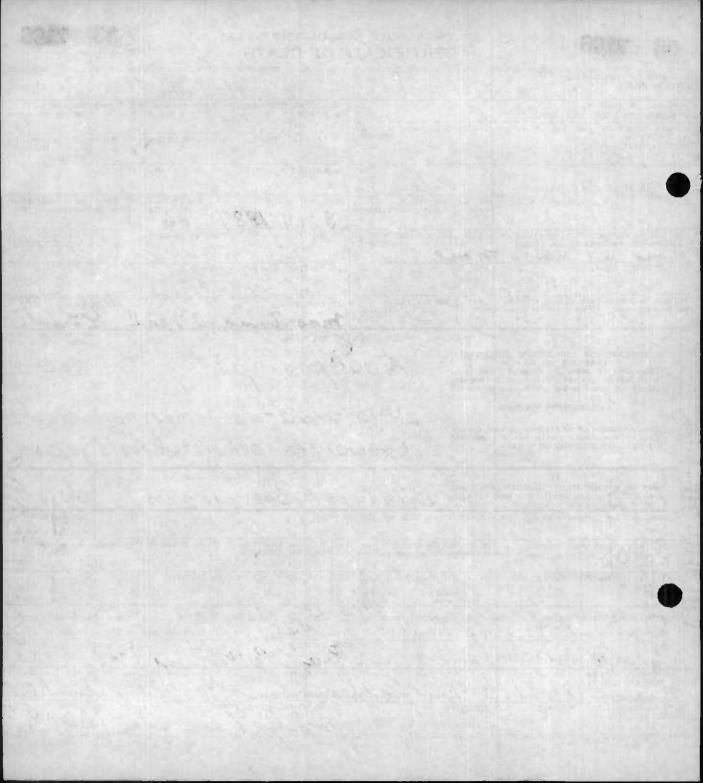


1-412
53 7166
BIRTH NO.
Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

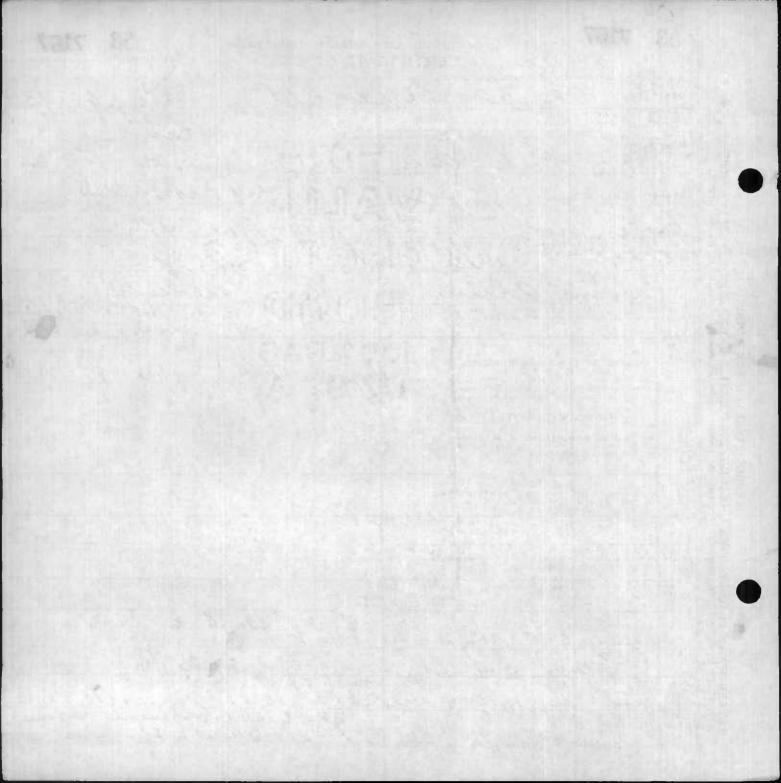
Registered No. 7166

ORTH NO.						
NAME OF DECEASED Type or Print) AUGUST HLAFKA	2. DATE OF AUGUST 9, 1953					
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE A. STATE B. COUNTY before admission)					
FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
NSTITUTION SOUTH BALTO-GEN. HOSPITAL	BALTIMORE 21-02 township) D. STREET ADDRESS (If rural, give location)					
ength of stay in Baltimore Yrs. Mos. Days	866 CARROLL St.					
S. SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years H Under Year H Under Year Hours Min.					
OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
home at all home	BAL / 1 MOR C 21.5.					
JOSEPH HLAFKA	14. MOTHER'S MAIDEN NAME MARIE BECLAR					
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS.					
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	mrs-anna O neal Farroll					
18. 330X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY	epholopothy weeks					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(1)					
	-aradnoid hemorrhood weeks					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ralized arteriosclerosis years					
(c) 66/16 /	TOTIZER OFTETTOSCIETOSTS YESTS					
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ral preumonitis days					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION / 20. AUTOPSY? YES NO					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS INJURY WHILE AT NOT WHILE						
m, work AT work						
deceased alive on 1, 19 and that death occur	rred at 4.25/2n., from the eauses and on the date stated above.					
20 A SIGNATURE	238 ADDRESS A 11 123c. DATE SIGNED					
M. D	ERY OR CREMATORY 24D. LOCATION (City, toyle, or county) (State)					
Burial 8/12/53 how bath						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR APPRESS					
AUG Die Tuntington / Straight	John & bowan your Holling					
VS 150						



	The
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
	WITH Drtant.
	SE WRITE PLAINLY, age is especially impo
	PLEAS

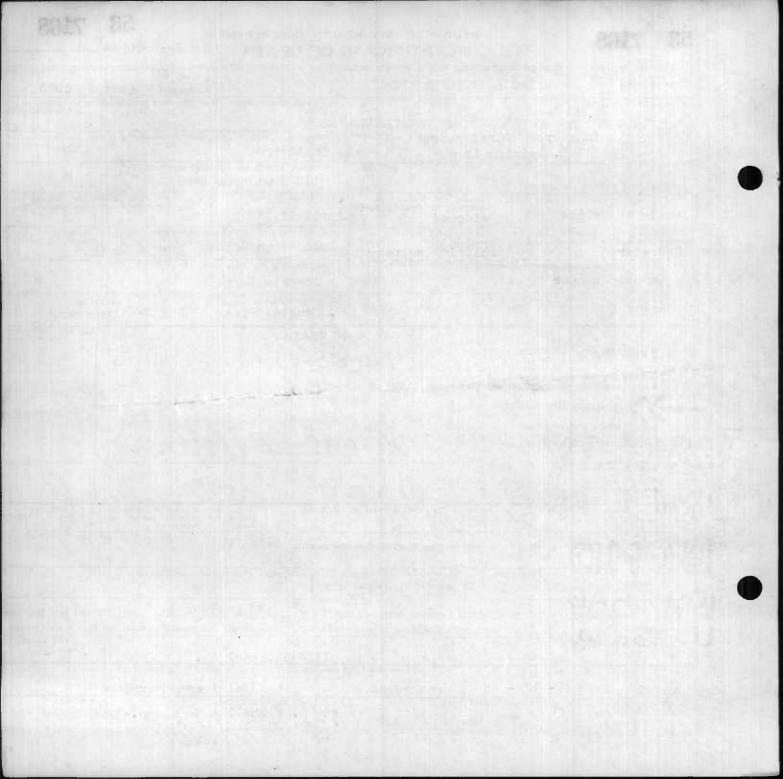
-	T= 632				
	53 7167	BALTIMORE CITY H			
	BIRTH NO.	CERTIFICAT	E OF DEATH		
	1. NAME OF DECEASED haves	. Thream	Saill	2. DATE OF DEATE CLA	6.1955
	3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	ICE (Where deceased lived in COUNT)	nstitution: rylidence before admission)
	B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	nstitution, give street address on location)		utside corporate limits	, write RURAL and give
and legibly.	1113 1 4016	Yrs. Mos.	D. STREET ADDRES	s of rural, give location)	7
nd le	c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. S	INGLE, MARRIED,	8 DATE OF BIRTH	9. AGE (In years ff last birthdae) Mor	Under I Year H Under 24 Hours of the Days Hours Min.
- 11	10A. USUAL OCCUPATION (Give kind of 10B	married	May 3 14	205 46 ate or foreign country)	12. CITIZEN OF
c)	work done during most of working life, even if retired)	teel Plant	anson	ille, K.C.	WHAT COUNTRY?
death	13. FATHER'S DAME.	len	14. MOTHER'S MAIL	medley	-1:00
	15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of ser	rice) 16. SOCIAL SECURITY NO.	17 PERBUANT	Dea Hat	Le Villa
rsicians	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT	CTLY ng, e.g., disease, death.) DUE TO (B) CIVING ING THE DUE TO (C) TRIBUTING	besteus we	QV. Diseas	NTERVAL BETWEEN ONSET AND DEATH
	₩AS F	CONDITION FOR WHICH O	CA	OPERATION WAS RELATED TO USE OF DEATH, ENTER II	
2	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	218. PLACE OF INJURY about home, farm, factory, street, office	(e. g., in or 21c. WHERE	DID (If in Baltimore City,	
>	21b. TIME (Month) (Day) (Year) (Hour	m. WHILE AT NOT WHILE AT WORK AT WOR	ILE	ID INJURY OCCUR?	
especiall	22. I hereby certify that I attended deceased alive on 6 - 5 19.	d the deceased from	7-6, 1963 rred at 2 45 Am., 1	to 8-6, 195 from the causes and on th	Sthat I last saw the e date stated above
e is	23A. SIGNATURE CAREWAL DE		1709 gwey	us Falls Pkevy	8-10-53
ag	24A. BURIAL. CREMA- TION-REMOVAL (Specify)	9-3 Bastis	+ Church	24d. LOCATION (City, town,	lle, K.C.
correct	DATE RECEIVED BY REGISTRAR'S SIG	NATURE	35 WHERE CHE	EX Funeral	ADDRES Jone
	AUG 10 300	Comp VIII A COMP	1031 X	mis ofter	upe,
11	0	97	703A		



WITH	WITH UNFADING INK. Every item of information should be carefully supplied.	INK.	Every	item	of ir	formatic	noys u	ld be	carefully	supplied.	The
ortant.	Physicians: please write the causes of death clearly and legibly	please	write t	he cau	ses (of death	clearly	and	legibly.		10 M

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) REBECCA SKINNER WISE DEATH August 9, 1953 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryla nd B. FULL NAME OF (If outside corporate limits, write RURAL and give Long Green Nursing Home C. CITY OR TOWN INSTITUTION township) Baltimore 115 E. Melrose Avenue 46 D. STREET ADDRESS (If rural, give location) Yrs. Mos. 113 Hawthorne Road c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | N Under | Year | N Under 24 Hours | Months; Days | Hours | Min. If Under 24 Hours female white April 12, 1875 widowed 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Terminal Queen Anne County, Md. Secretary shipping Md. company 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Skinner Alverta Legge MARGIN RESERVED FOR BINDING 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If you, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. G. Douglas Wise 326 Woodlawn Road INTERVAL BETWEEN CAUSE OF DEATH 18 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ы DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN PART I OR PART II CA 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING ... 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 0 OR CONTRIBUTING CAUSE OF INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) TE PLAINLY, especially imp 2 IF. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from June 15 1955, and that death occurred at 319 Am. WRITE deceased alive on 23A. SIGNATURE 02 - 10 - 53 1123 St. Paul St. PLEASE 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

193 that I last saw the Am., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) - 11 - 53 Greenmount Burial Baltimore, Maryland John D. Mitchell & Sons, Inc. -1900 Eutaw Place DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



The

supplied

carefully

BINDING

FOR

MARGIN RESERVED

legibly

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

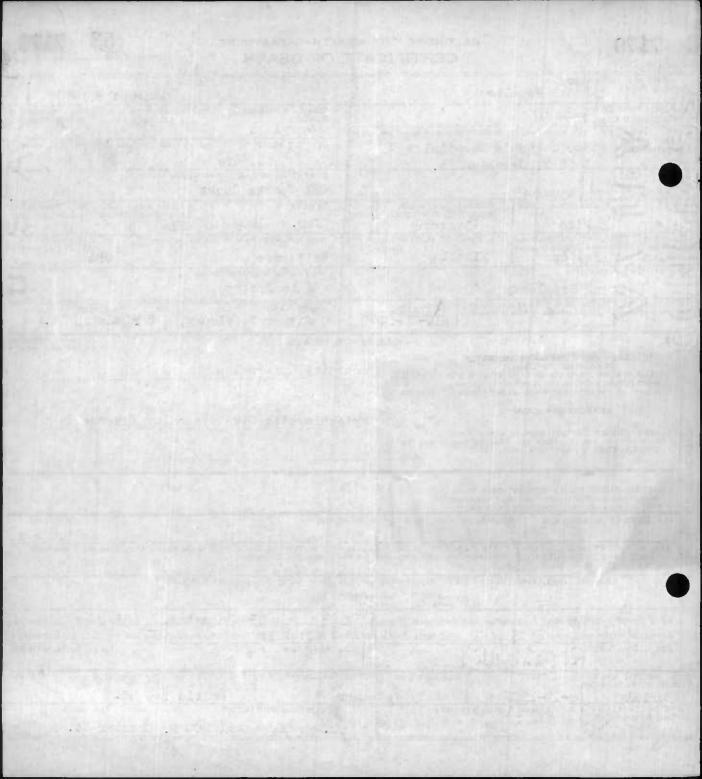
BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) THELMA DAVIS August 6, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland onot in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Morgue Baltimore Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore 1609 W. Fayette Street 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years If Sader I Year If Under 24 Hours last birthday) Months: Days Hours Min. 8. DATE OF BIRTH Colored Female 6/10/1926 MARRITHED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? MERRITT. N.C. U.S.A. HOUSEWIFE DOMESTIC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANNA JONES JAMES THOMPSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO EDWARD EARL DAVIS(H)1609 W.FAYET NO NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Rheumatic heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ... RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 11 U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING CAUSE OF DEATH u 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\supseteq \), undetermined \(\subseteq \). 23B, CHIEF MEDICAL EXAMINER.... 23A. SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER August 6. MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-248 DATE TION, REMOVAL (Specify) CEMETERY, BALTO. MD. NATIL BALTO. 8/10/53 REGISTRAR'S SIGNATURE DATE RECEIVED BY ADDRESS FUNERAL DIRECTOR LOCAL REGISTRAR

ld be plno early Sh information s of death cle of item Every ite INK. ADING UNFADING Physicians: important. PLAINLY, especially WRITE 18 age PLEASE

2017 82 17 /1 (2) Mattell .D.H. PUR R.C. . Color of the second of the s

B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital 1400 N. Caroline St. C. Length of stay in Baltimore S. SEX 6. COLOR OR RACE 100. USUAL OCCUPATION (Give kind of Plumbers Helper 100. USUAL OCCUPATION (Give kind of Plumbing) 13. FATHER'S NAME Frank Vopalecky 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) 18. 420. C. Length of in hospital or institution, give street address or location location) 10. CITY OR TOWN (If outside coryo) ate limit, white Baltimore D. STREET ADDRESS (If rural, give location) 2021 Sparks Court 8. DATE OF BIRTH 19. AGE (in years limit, white Baltimore D. STREET ADDRESS (If rural, give location) 2021 Sparks Court 9. AGE (in years limit) 10. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) DIVORCED (Specify) Jan. 1902 11. BIRTHPLACE (State or foreign country) Baltimore 12. CI Baltimore 14. MOTHER'S MAIDEN NAME Anna Prokop 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If years limit, white Baltimore 14. MOTHER'S MAIDEN NAME Anna Prokop 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If years limit, white Baltimore 16. COLY OR TOWN (If outside coryo) ate limit, white Baltimore D. STREET ADDRESS (If rural, give location) 2021 Sparks Court 18. DATE OF BIRTH Baltimore 19. AGE (in years limits) Industry Baltimore 11. BIRTHPLACE (State or foreign country) 12. CI Baltimore 14. MOTHER'S MAIDEN NAME Anna Prokop 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If years) Cause OF DEATH DISEASE OR CONDITION DIPECTIVE CAUSE OF DEATH	
Comparison Com	
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION St. Joseph's Hospital 14:00 N. Caroline St. C. Length of stay in Baltimore S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. Wildow Divorced 100A. USUAL OCCUPATION (Givekind of Plumbers Helper Plumbing 10. SINGLE, was if retired) 10A. USUAL OCCUPATION (Givekind of Plumbing 10. SINGLE, WINDOWSED (Specify) Plumbing 11. BIRTHPLACE (State or foreign country) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war nr dates of service) 18. 420 CAUSE OF DEATH A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside corrolate limits, white Maryland C. CITY OR TOWN (If outside corrolate limits, white Maryland C. CITY OR TOWN (If outside corrolate limits, white Baltimore D. STREET ADDRESS (If rural, give location) 2021 Sparks Court B. DATE OF BIRTH 9. AGE (in years last birthday) Months: D Jan. 1902 51 11. BIRTHPLACE (State or foreign country) 12. CI Baltimore 12. CI W. W	193
HOSPITAL OR INSTITUTION St. Joseph's Hospital 1400 N. Caroline St. 1400 N. Street Address (If rural, give location) N.	tion: residence before admission)
14.00 N. Caroline St. C. Length of stay in Baltimore S. SEX G. COLOR OR RACE Divorced 10A. USUAL OCCUPATION (Givekind of working life, even if retired) Plumbers Helper 13. FATHER'S NAME Frank Vopalecky 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) 18. 420, DISEASE OR CONDITION DIRECTLY Plus Street Address (If rural, give location) 2021 Sparks Court B. DATE OF BIRTH J. AGE (In years Hunder IV last birthday) Jan. 1902 19. AGE (In years Hunder IV last birthday) Jan. 1902 10. STREET ADDRESS (If rural, give location) 2021 Sparks Court B. DATE OF BIRTH Jan. 1902 11. BIRTHPLACE (State or foreign country) Baltimore 12. CI Baltimore 13. Hand Prokep 14. MOTHER'S MAIDEN NAME Anna Prokep 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) Caspar Vopolecky, 425 Madeir	RURAL and give
c. Length of stay in Baltimore To sex C. Length of stay in Baltimore C. Length of stay in Baltimore C. Length of stay in Baltimore To sex C. Length of stay in Baltimore C. Length of S	township)
C. Length of stay in Baltimore Days C. Length of stay in Security D. AGE (in years last birthday) D. AGE (in years last birthday) D. Last birthday D. Last birth	4
S. SEX G. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Jan. 1902 S. DATE OF BIRTH Jan. 1902	
Male White Divorced Jan. 1902 51 10A. USUAL OCCUPATION (Givekindof workindof working life, even if retired) Plumbing III. BIRTHPLACE (State or foreign country) Baltimere 13. FATHER'S NAME Frank Vepalecky 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war ar dates of service) 217-05-9350 18. 420. CAUSE OF DEATH CAUSE OF DEATH	
Plumbers Helper Plumbing Baltimere 13. FATHER'S NAME Frank Vopalecky 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war nr dates of service) 18. #20, CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	Days Hours Min.
Plumbers Helper Plumbing Baltimere USA 13. FATHER'S NAME Frank Vopalecky 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war ar dates of service) 16. SOCIAL 217-05-9350 17. INFORMANT Caspar Vopolecky, 425 Madeir CAUSE OF DEATH	ITIZEN OF
Trank Vopalecky 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, DO OF DIRKDOWN) 16. SOCIAL 217-05-9350 17. INFORMANT Caspar Vopolecky, 425 EMadeir 18. 420, 1 CAUSE OF DEATH	HAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war nr dates of service) 217-05-9350 Caspar Vopolecky, 425 Emadeir 18. 420, CAUSE OF DEATH	
(Yes, no or nnknown) (If yes, give war nr dates of service) 217-05-9350 Caspar Vopelecky, 425 Emadeir 18. 420, CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
	O. AUTOPSY?
LAUSE OF DEATH	act location)
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from July 29 , 1953, to August 8, , 1953, that	I last saw the
deceased alive on August 8, 1953, and that death occurred at 7:45 PM, from the causes and on the date	
	DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or countion, REMOVAL (Specify)	
Burial 8-12-1953 Holy Redeemer Baltimore, Md.	nty) (State)
DATE RECEIVED BY LOCAL REGISTRAR'S GIGNATURE 25. FUNERAL DIRECTOR ADDRESS OF STREET ST	nty) (State)

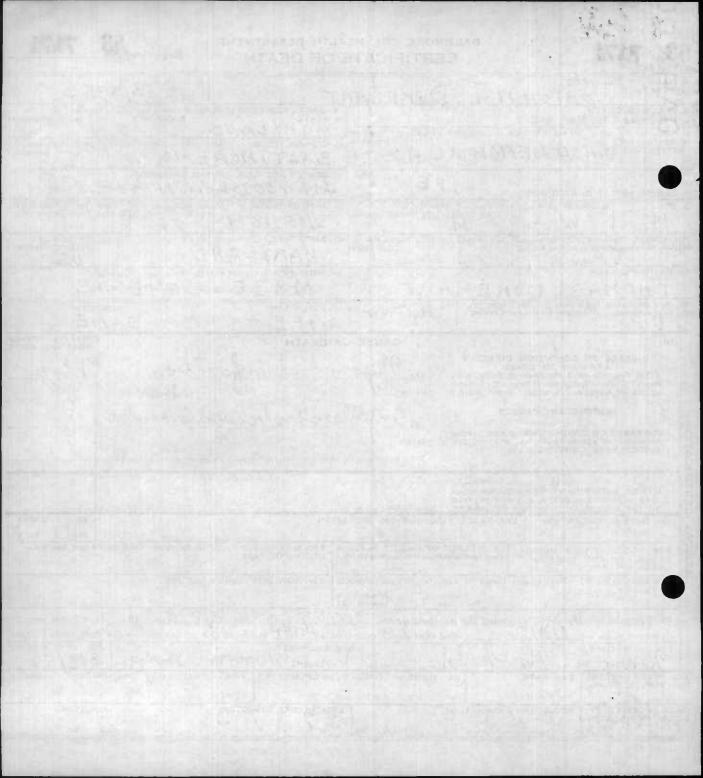
970 24



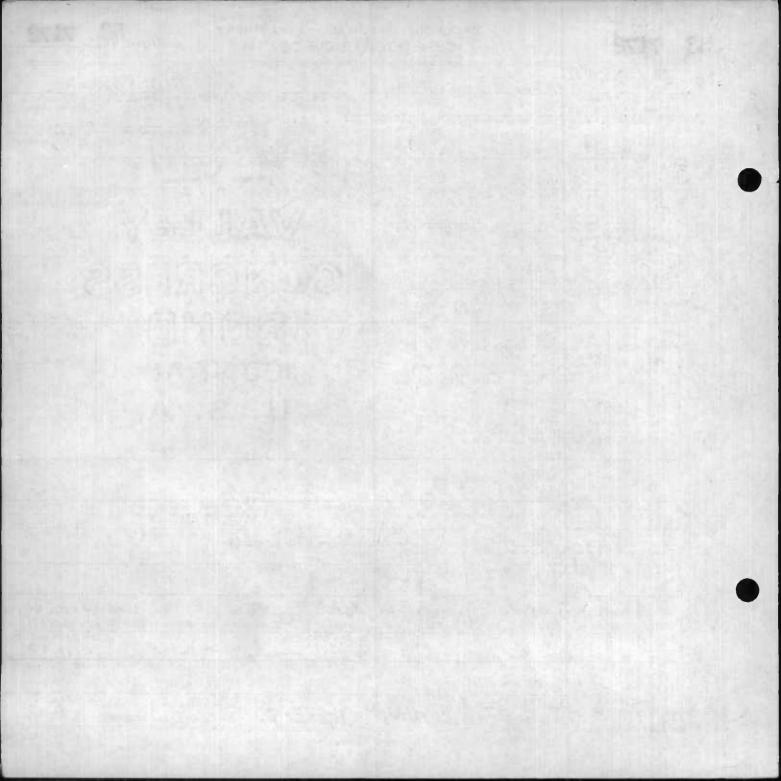
-		2	, (0-	3
5 BI	3 RT	ни	7:	1.7	1
1. (T)	NA ype	or	OF Print	DE ()	CEA
3.	PL	ACE	OF	DE	ATH

53 7171 CERTIFICATE	E OF DEATH Registered No. 71/1
I. NAME OF DECEASED (Type or Print) MORTON McI. DUKEHAF	2. DATE OF 8/8/53
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) C. CITY OR TOWN (If outside corporate limits, brite Huke L and give
INSTITUTION UNION MEMORIAL HOSP.	BALTIMORE-10 (township)
LIFE Yrs. Mos. Days	0. STREET ADDRESS (If rural, give location) 419 WOOD LAWN AVE. Rd.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3/15/1879 9. AGE (In years In Under 1 Year In Under 24 Hours In Months: Days Hours Min.
OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) PRESIDENT SALES ENGINEERING	MARYLAND 12. CITIZEN OF WHAT COUNTRY?
THOMAS DUKEHART	MABEL COMESYS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give wer or dates of service) SECURITY NO.	WIFE (MABEL C. PUICEHART SAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	of DEATH cardial inforction lose brotic cardiovoscular inserval Between onset and DEATH lose lose of the cardiovoscular of the card
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., e	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that Lattended the deceased from deceased alive on 3/5/5, 19,, and that death occur	rred at 11:15Pm., from the causes and on the date stated above
Newy S. Knock Jr. M.D. 3	mon Memorial Hosp. 23c. Date SIGNED
24A. BURIAL (Specify) BURIAL (Specify) 8-11-53 SHREWSBURY. Co	ENGTERY KENNEDY VILLE MD. (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR, ADDRESS

29084



11	-	670		
V		BALTIMORE CITY HI	EALTH DEPARTMENT	53 7479
. 5	3	7172. CERTIFICAT	E OF DEATH Registe	red No.
The		IRTH' NO.		
	1.	NAME OF DECEASED (ype or Print)	2. DATE OF	c./ / 1-
ed.	_ (^	VANSCOY DARLENE	DEATH	8/10/53
supplied		PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased liv	
dn	_	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or		TY before admission)
	H	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate	e limits, write RURAL and give
carefully egibly.	11	ISTITUTION + HOSE TO	BRIDGEBORT	township)
eft.		Yrs.	D. STREET ADDRESS (If rural, give location	on)
carefu	100	Mos.		<i>,</i> ,,,
(1)		Length of stay in Baltimore /2 Days	A CHURCH St.	
pul	3.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in yes	ars Munder Year Munder 24 Hours y) Months: Days Hours: Min.
ulc y a		FWS	7/28/44 9 4	
should learly an	10	DA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	WOE.	k done during most of working life, even if retired) TUDENT INDUSTRY	1) HARRISON CO.	WHAT COUNTRY!
ioi C	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1037
ati		1100 - 1100	D a MA	
de		HAROLD VANSCOY	RUBY MAULLER	
information of death cl	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT FATHER.	ADDRESS W.V.
of i		No	ITAROLD VANSCOY - CHUR	ICH ST. BRIDGEPORT,
		18. 59 2 X CAUSE	OF DEATH	INTERVAL BETWEEN
y item the cau		DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
7 i		(This does not mean the mode of dying, c.g.,	onic glomeniloneshotes	6 mon this
		heart failure, asthenia, etc. It means the disease,	Y CONTRACTOR OF THE PARTY OF TH	
Even		injury or complication which caused death.) DUE TO	0	
• (1)		ANTECEDENT CAUSES		
INK	Z	(B)		
Il	9	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
5.	X	UNDERLYING CONDITION LAST.		
DING ians:	FIC	(0)		
NFADINC hysicians:	1	II-	/	
YS	K	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	here makes	3 days
UNF	CE	DISEASE OR CONDITION CAUSING IT.		
HI.	J	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO THE PERATURE OF DEATH, ENT	TED TO 20. AUTOPSY?
ILY, WITH important.	A	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (PART OR PART	YES NO ZU
W	100	OR CONTRIBUTING CAUSE OF about bome, farm, factory, etreet, office	(e. g., in or 21C. WHERE DID (If in Baltimore bldg., etc.) INJURY OCCUR?	City, give exact location)
K,	Ш	DEATH (NOTIFY MEDICAL EXAMINER)		
AINLY ally imp	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
N A		OF INJURY WHILE AT NOT WHI		
PLA!! ecially				
P		22. I hereby certify that I attended the deceased from	1953, to 8/10,	1953, that I last saw the
RITE is esp	1	22. I hereby certify that I attended the deceased from 7 deceased alive on \$10, 1953, and that death occur 23A. SIGNATURE	rred at 4 = a.m., from the causes and	on the date stated above.
RI		23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
W	1	Lerraia Hernolds M.D.	University Hospital	8/10/53
0.5	2	4A. BURIAL, CREMA- 84B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY / 24b. LOCATION (City,	town, or county) (State)
ASE ct a	11	REMOVAL 8-10.5-3	? CLARKSBURG. I	V. VA
LEAS	D		25. FUNERAL DIRECTOR V fore for	
J.		OCAL REGISTRAR	- Turo. In Justice of the &u	c mes



1	-	2	3	6	
4	7.	178	3		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No	7173

1. (T)	NAME OF DI	ECEASED IN	Z		VICTORY		2. DATE OF DEATH A	ugust 1	0. 19	953
	PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RES	IDENCE (WI		ved. If institu	ution : res	
B. H.C	FULL NAME OSPITAL OR STITUTION				Baltimo	WN (If o	utside corpora	0	RURA	L and give township
c.	Length of st	tay in Baltimore		Yrs. Mos. Days	3115 Ba	ker Str		ion)		
f	emale	colored	TAIDON	E. MARRIED. VED, DIVORCED (Specify YVICC)	March 3,	1922	9. AGE (In ye last birthda	ars If Under 1 Months	Year Ho Days Ho	Under 24 Hours ours: Min.
O rk	A. USUAL OCC	CUPATION (Give kind of fworking lift, even if retired)	IOB. KIND	O OF BUSINESS OR INDUSTRY	Accoma	E (State or for			WHATC	
	John	Rayfield	1		Cather's	ine T	Poulso	n		
15 (e)	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Raylie	eld,	Dance		US.
CERTIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE DI	re, asthenia, etc. It mea: complication which e ANTECEDENT CAUS GOR CONDITIONS. IF HE ABOVE CAUSE (A) VING CONDITION LA II GONIFICANT CONDITION INTO THE OBATH, BUT USEASE OR CONDITION F OPERATION 15	Aused death ES ANY, GIVIT STATING TI ST. TIONS COINOT RELATI CAUSING I	(B)	RATION				20. AUT	TOPSY?
DICAL	UNDERLYING	NAL CAUSE WAS G OR CONTRIB. AUSE OF DEATH		ACE OF INJURY (e. g., farm,factory,street,office bldg.			in Baltimore		YES	NO Cation)
۱ ع		Month) (Day) (Year)		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		YRULNI DIC	OCCUR?			
	22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes A, accident , suicide , homicide , undetermined 234. SIGNATURE ASSISTANT MEDICAL EXAMINER									
2.4 TIC	AA. BURIAL, CON, BEMOVAL (S	REMA- 248. DATE pecify) August	1953	34c. NAME OF CEMETI	e Comolog	RY 240, LO	nant of	R. A. J.	8 .	(State)
	ATE RECEIVED CAL REGIST	BAR AS AS	SIGNATI	Williams My	1. Edgar 1	homas	- A	ccome	ac,	V
V	S 151		0		V					

THE LAND SOUND Malified were MANAGER OF THE PROPERTY AND USE OF

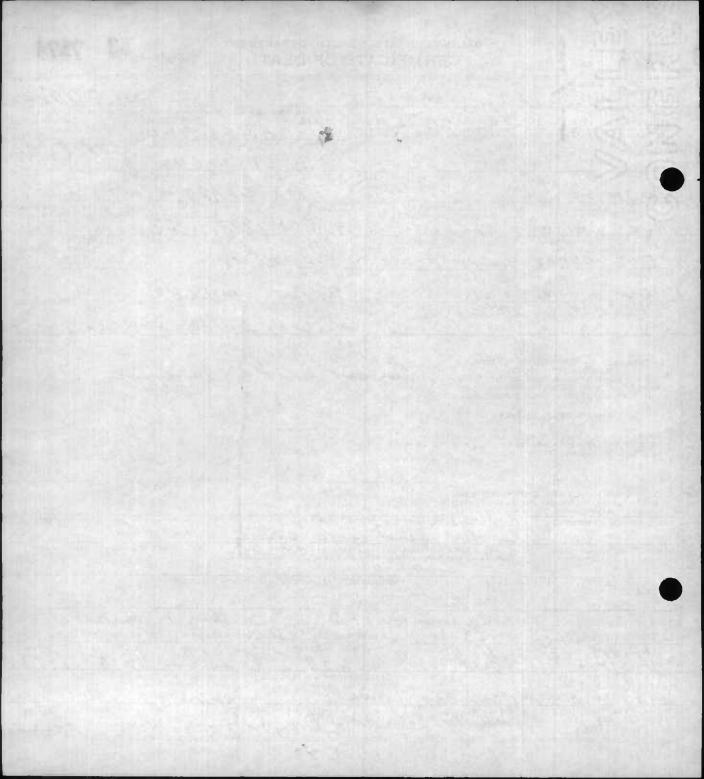
M-6	00
71.74 BIRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 7174

BI	7174 RTH NO.		CERTIFICATI	E OF DEATH	Registered No.	/ JE / 15
	NAME OF DECEASED		MEIEN	2.	2. DATE OF DEATH AUG.	7. 1953
3. A.	PLACE OF DEATH: Baltimore City, Ma		CLAREMON	4. USUAL RESIDENCE (W	B. COUNTY	tution: residence before admission)
HO	FULL NAME OF (If DSPITAL OR STITUTION	f not in hospital or institu	tion, give street address or location)	c. CITY OR TOWN (II	outside corporate limits, va	ite RUUAL and give
1			//O 1. O Yrs.	D. STREET ADDRESS (If	10/2E rural, give location	00
	Length of stay in B		UZ Y/WMos. Days		PREMONT	RUE
5.	10/1/15 34.40	WIDO	E, MARRIED. NED, DIVORCED (Specify) VGUE	AUG 20, 1899	9. AGE (In years I Under last birthday) Months	1 Yesi II Undar 24 Hours Days Hours Min.
10 vork	A. USUAL OCCUPATION done during most of working life	ON (Give kind of 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country) 12.	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	ERK ANCH	OR FENCE CO.	14. MOTHER'S MAIDEN N	AME	
	LUDWIG			ROSINE MI	ILLER	
15 (Yes	. WAS DECEASED EVER !. o, no or unknown) (If yes,	N U.S. ARMED FORCES? give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	
	18. 157X	1	CAUSE	MRS LENA MEI	ER 3718 CL	ARE MONT INTERVAL BETWEEN ONSET AND DEATH
		CONDITION DIRECTLY		- 1 - 1	P	2
	(This does not mea heart failure, asthen	n the mode of dying, e. dia, etc. It means the diseation which caused deat	ise,	The way	Vancues	
	ANTECE	DENT CAUSES				
ATION		NDITIONS, IF ANY, GIVE CAUSE (A) STATING TO NDITION LAST.				
RTIFIC		11	_(C)			
ERT		ANT CONDITIONS CO				
U.	19A. DATE OF OPERA	R CONDITION CAUSING	R FINDINGS OF OPER			20. AUTOPSY?
SAL		Come	I head of	! Panenear		YES NO X
MEDICAL	HOMICIDE (Specif		ACE OF INJURY (e. g., i , farm, factory, street, office bleg.,		If in Baltimore City, give	exact location)
Σ	TIME (Month)	(Day) (Year) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify		e deceased from 7 -	- 27 , 1957 to G	2 , 1953, th	nat I last saw the
	deccased alive on	Rug, 7, 1953	and that death occur	red at 7.10 Pm., from t		
	23A. SIGNATORE	Tarke	M. D.	6375. Con	hl 57 8	-17-53
110	NAEMOVAL (Specify)	24B. DATE	24c. NAME OF CEMETE		OCATION City, town, or c	
DI	ATE RECEIVED BY	REGISTRANS SIGNAT	OAR LAND	25 FUNERAL DIRECTOR	- GATE M	DDRESS 4210
LC	CAL REGISTRAR	Thursday	How I Villace	DEURICH FON	ERAL HOME	
	Vs 150		0 (0.5		

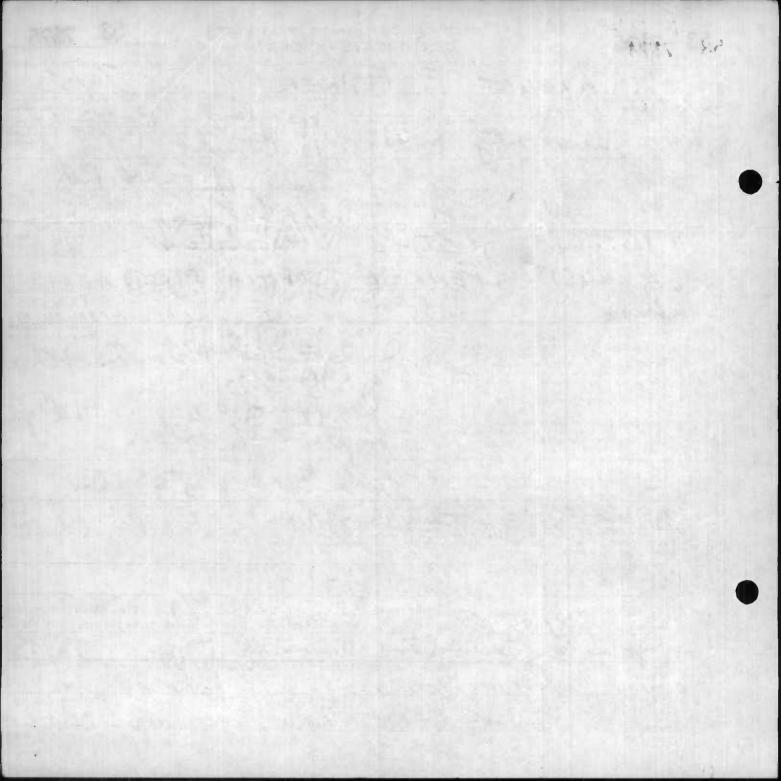
3903D

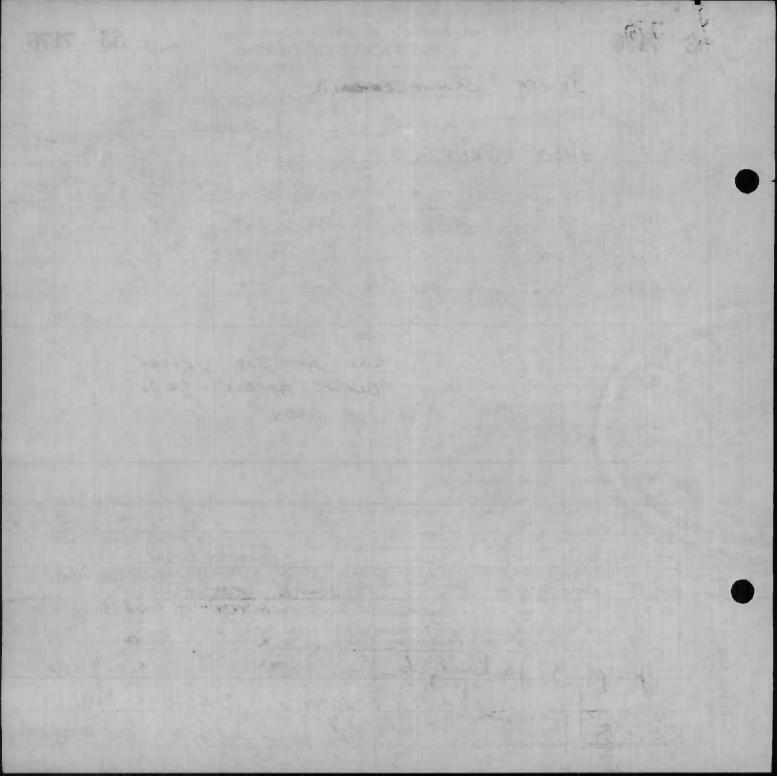


23C DATE SIGNED

ADDRESS 4210

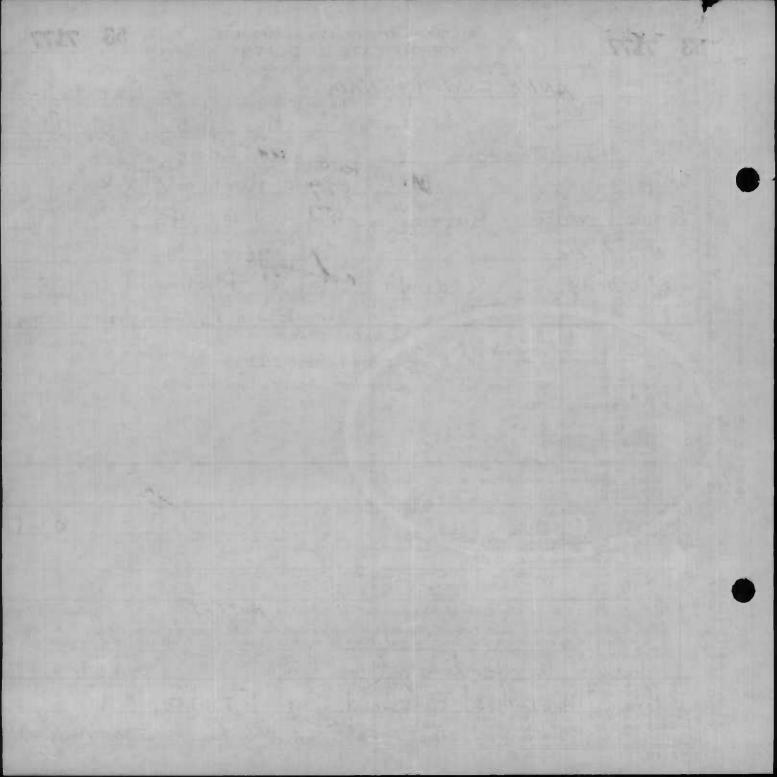
Registered No 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) (If rural, give location) ACT (In years If Under 1 Year last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER 20. AUTOPSY7 TO NO 21C. WHERE DID (If in Baltimore City, give exact location) that I last saw the

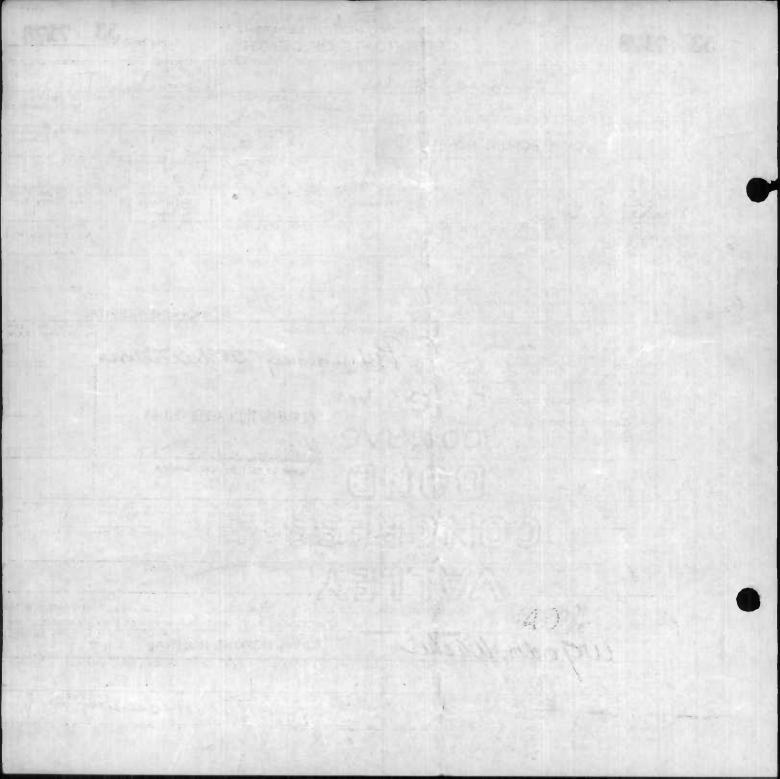




	The
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.
RESER	INK.
MARGIN	UNFADING Physicians:
	WITH rtant.
	PLEASE WRITE PLAINLY, correct age is especially impo

5		EALTH DEPARTMENT E OF DEATH	Registered No. 7177
-	1. NAME OF DECEASED (Type or Print) ANNA CUNNING HA 3. PLACE OF DEATH:	M	OF DEATH Hug 9-1953
	B. FULL NAME OF and in hospital or institution, give street address or	A. STATE	re deceased lived. If it stitution: residence B. COUNTY before admission
	HOSPITAL OR location)		side corporate limits, we to HURAL and give township
Diy.	SI Joseph's Yrs. Mos.	D. STREET ADDRESS (If rur	
co li=	c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 19	ery Tarkuay. AGE (In years H Onder 14 Hours
and	Female White Married IDA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	Hug. 4-1910	last birthday) Months Days Hours Min.
cleariy	10A. USUAL OCCUPATION (Givehind of 10B, KIND OF BUSINESS OR INDUSTRY AT home INDUSTRY	Ballimore	m country) 12. CITIZEN OF WHAT COUNTRY
cu ci	13. FATHER'S NAME M - 1	14. MOTHER'S MAIDEN NAME	1
dea	15. WAS DECEASED EVER'IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
0 22	SECORITY NO.	Mr. ELMO C	UNNINGHAM - SAME
rnysicians, piease write the	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	cardiac failure ary artery disease,	left
113 21	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	ATION	
	TOX. DATE OF GLEATION		YES NO
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	n or 2 IC. WHERE DID (If in INJURY OCCUR?	Baltimore City, give exact location)
Juliu V.	ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE MORK AT WORK		CCUR?
is especial	22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Inquiry, find that said decease \mathbf{X} , accident \square , suicide \square ,	, homicide , undetermined .
966		23B. CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA MEDICAL INVESTIGATOR	MINER
rect	24A. BUNIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE FLOW. REMOVAL (STREETY) Aug 12-19-13 Parkwood Parkwood	RY OR CREMATORY 24D. LOCA	ATION (City, town, or county) (State)
100	DATE RECEIVED BY REGISTRAR'S SIGNATURE	Slonard Ru	ck 5305 Varyord
	V S 151		10

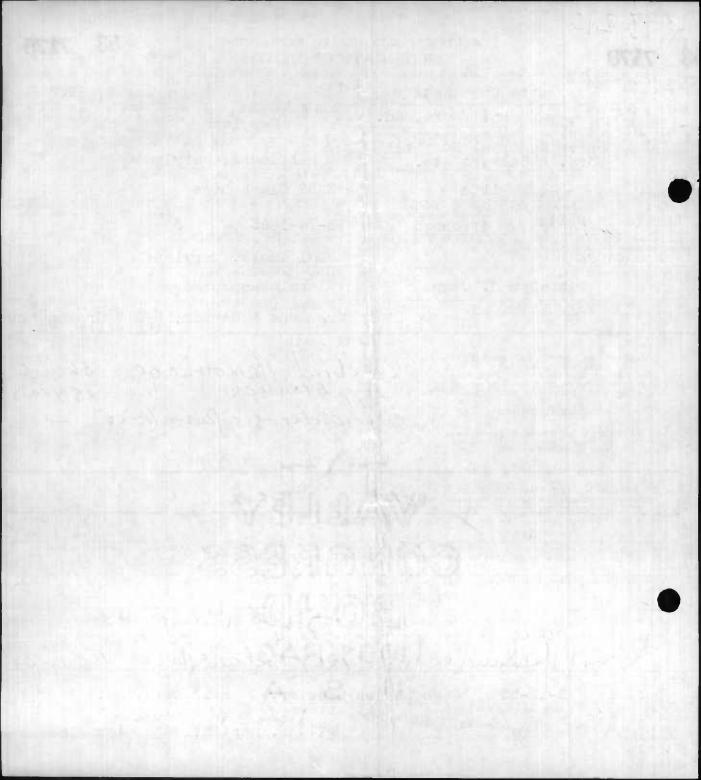




BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 7179

	'ype or Print)	Etta	Gump	Ketzky		OF Aug	9, 1953		
A.	PLACE OF D Baltimore (City, Maryland		more, Md.	4. USUAL RESIDENCE (W	here deceased lived.			
В.	FULL NAME	OF (If not in hospita	al or institut	ion, give street address or		U CONTRACTOR CONTRACTOR	711		
IN	OSPITAL OR ISTITUTION	Union Memo	rial l	Hospital location)	Baltimore,	outside corporate li	hits, write RURAL and give township)		
-	5.0	33rd. & Ca	TAGL	DUS. Yrs.	D. STREET ADDRESS (If				
		tay in Baltimore	life	Mos. Days	3927 Clark La				
	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours Months; Days Hours Min.		
	female	White	div	orced	11-14-1895	57	8 26 Hours Min.		
10 work	A. USUAL OC done during monto house	CUPATION (Give kind of of working life, even if retired) WOPK	10B. KINE	O OF BUSINESS OR INDUSTRY	Baltimore, M		12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA				
		Abraham	G. G1	ump	Jennie Hambu	rger			
15	. WAS DECEASE	D EVER IN U, S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS AVE		
(10	e, no or unknown)	(11 yes, give war or date)	of service)	SECURITY NO.	Mrs Anne K Gay	nor, RFD	7 Greenspring		
	18. 321	V .		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEAS	SE OR CONDITION	DIRECTLY	63	1 1 11	1	ONSET AND DEATH		
		LEADING TO DEAT	H	. Cere	bral Homo	thage	3 hours.		
	heart failu	rc, asthenia, etc. It mea	ns the diseas	е,	partension	, , , , , , , , , , , , , , , , , , ,			
	injury or	complication which c	aused death			,	15 9 ec.s.		
		ANTECEDENT CAUS	ES	Arter	incolermeno 1	1,00 11/12:	ed _		
Z O	DISEASES	DISEASES OR CONDITIONS, IF ANY, GIVING ANTECEDENT CAUSES (B) Atteriosclerosis feulialized —							
CATION	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO					
U				(C)		***************************************			
T		11							
RT		IGNIFICANT CONDI							
빙		TO THE DEATH, BUT							
7	19A. DATE C	F OPERATION 1	9в. MAJOR	FINDINGS OF OPER	RATION		1 00 1115000110		
⋖							20, AUTOPSY?		
OICA	21A. ACCID	ENT WAS UNDER-		ACE OF INJURY (e. g., i		f in Baltimore City	YES NO YES NO YES NO		
ш	21A. ACCID LYING OF CAUSE OF	R CONTRIBUTING		ACE OF INJURY (e. g., i		f in Baltimore City	YES NO		
MEDICAL	LYING OF	R CONTRIBUTING	about home,		otc.) INJURY OCCUR?		YES NO		
ш	LYING OF	R CONTRIBUTING DEATH	(Hour)	arm, factory, street, office bldg.,	ED 21F. HOW DID INJURY		YES NO		
ш	LYING OF CAUSE OF	R CONTRIBUTING DEATH (Month) (Day) (Year) y certify that I att	(Hour) m.	arm, factory, street, office bldg 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from	ED 21F, HOW DID INJURY	OCCUR?	YES NO V		
ш	LYING OF CAUSE OF	R CONTRIBUTING DEATH (Month) (Day) (Year) y certify that I att	(Hour) m.	arm, factory, street, office bldg 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from	ED 21F, HOW DID INJURY	lug., 19	YES NO		
ш	LYING OI CAUSE OF 21D. TIME 5 INJURY 22. 1 hereb	R CONTRIBUTING DEATH (Month) (Day) (Year) We certify that I att live on Clug	(Hour) m.	arm, factory, atreet, office bldg., 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from and that death occur	ED 21f. HOW DID INJURY 21f. HOW DID INJURY 198, to 138. ADDRESS	lug., 19	ves No V		
ME	LYING OI CAUSE OF 21D. TIME INJURY 22. I hereb deceased the 23A. SIGNA	R CONTRIBUTING DEATH (Month) (Day) (Year) We certify that I att live on Chica TURE	(Hour) m. ended the 1903.	arm, factory, atreet, office bldg., 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from and that death occur M. D.	ED 21F. HOW DID INJURY 21F. HOW DID INJURY 198, to freed at 2! p.m., from to 138. ADDRESS 1207 Cut Cee	Muy, 199 he causes and on	yes No Sthat I last saw the the date stated above.		
ME	LYING OI CAUSE OF 21D. TIME INJURY 22. I hereb deceased the 23A. SIGNA	R CONTRIBUTING DEATH (Month) (Day) (Year) We certify that I att live on Chica TURE	(Hour) m. ended the 1903.	arm, factory, atreet, office bldg., 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from and that death occur 2	ED 21F. HOW DID INJURY 21F. HOW DID INJURY 198, to freed at 2! p.m., from to 138. ADDRESS 1207 Cut Cee	Muy, 199 he causes and on	ves No Very No		
ME	LYING OF CAUSE OF 21D. TIME OF INJURY 22. I hereb deceased at	Weertify that I att	about home, (Hour) m. ended the 1903.	arm, factory, atreet, office bldg., 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from and that death occur M. D.	ED 21f. HOW DID INJURY 21f. HOW DID INJURY 196., to 7 rred at 2! form., from to 138. ADDRESS 1207 Cut Car RY OR CREMATORY 24D. L.	Muy, 199 he causes and on	Sthat I last saw the the date stated above. 23c. DATE SIGNED On, or county) (State)		
24 TIO	LYING OI CAUSE OF 21D. TIME 22. I hereb deceased to 23A. SIGNA: 4A. BURIAL. ON, REMOVAL (S. DUTIA). ATE RECEIVE	CONTRIBUTING DEATH (Month) (Day) (Year) We certify that I att live on Cluc TURE DEED 28. DATE Begerify 8-12-5 D BY REGISTRAR	ended the 1903.	arm, factory, atreet, office bldg., 2 1E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK dcceased from and that death occur M. D. 24C. NAME OF CEMETE	ED 21f. HOW DID INJURY 21f. HOW DID INJURY 196., to 7 rred at 2! form., from to 138. ADDRESS 1207 Cut Car RY OR CREMATORY 24D. L.	Hace	Sthat I last saw the the date stated above. 23c. DATE SIGNED Oduc. 53 23c. or county) (State)		
1 24 TIO	LYING OI CAUSE OF 21D. TIME 22. I hereb deceased to 23A. SIGNA 23A. BURIAL. ON. REMOVAL (S buria.	CREMA- DEATH We certify that I att We on CLUC GREMA- Decify) B - 12 - 5 CREMA- RAR REGISTRAR	ended the 1903.	arm, factory, atreet, office bldg., 2 1E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK dcceased from and that death occur M. D. 24C. NAME OF CEMETE	ED 21f. HOW DID INJURY 21f. HOW DID INJURY 196., to 197. to 198., to 19	he causes and on Pace OCATION (City, tow Itimore, Martin	yes No You give exact location) Sthat I last saw the the date stated above. 23c. DATE SIGNED 10 Aug. 53 on, or county) (State) Md. ADDRESS		
1 24 TIO	LYING OI CAUSE OF 21D. TIME 22. I hereb deceased to 23A. SIGNA: 4A. BURIAL. ON, REMOVAL (S. DUTIA). ATE RECEIVE	CONTRIBUTING DEATH (Month) (Day) (Year) We certify that I att live on Cluc TURE DEED 28. DATE Begerify 8-12-5 D BY REGISTRAR	ended the 1903.	arm, factory, atreet, office bldg., 2 1E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK dcceased from and that death occur M. D. 24C. NAME OF CEMETE	ED 21f. HOW DID INJURY 21f. HOW DID INJURY 196., to 197. to 198., to 19	Hace	yes No You give exact location) Sthat I last saw the the date stated above. 23c. DATE SIGNED 10 Aug. 53 on, or county) (State) Md. ADDRESS		



V-300	
3 7180 BALTIMORE CITY HEALTH DEPARTMENT Register Register	53 7180
1. NAME OF DECHASED (Type or Print) Arthur B. Veit SR. 2. DATE OF DEATH	8/9/53
S. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNT	
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CIT OR TOWN (If outside corporate location) C. CIT OR TOWN (If outside corporate location)	limits, write RURAL and give township)
Length of stay in Baltimore Life Days Days D. STREET ADDRESS of Fural, give location Days 5517 Selvice	der . 27
Male of Birth 9. AGE (In year last birthday widowed, Divorced (Specify) 8. Date of Birth 9. AGE (In year last birthday 5 4	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Painter,	12. CITIZEN OF WHAT COUNTRY
HENRY VEIT MALGARET BELL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, now unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 217-07-5219 MARION VEIT. 5517 Allen	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH CIMPLOSIS OF LIVE.	interval between onset and death
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST. UL II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in or about home farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore C about home farm, factory, street, office bldg., etc.)	lity, give exact location)
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 3, 1953, to 1953, to deceased alive on 1953, and that death occurred at 1:10 a.m., from the causes and	1953, that I last saw the
23A. SIGNATURE	236. PATE SIGNED

BURIAL

M. of Heyan Jun filal

101. Oburno Obam 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY

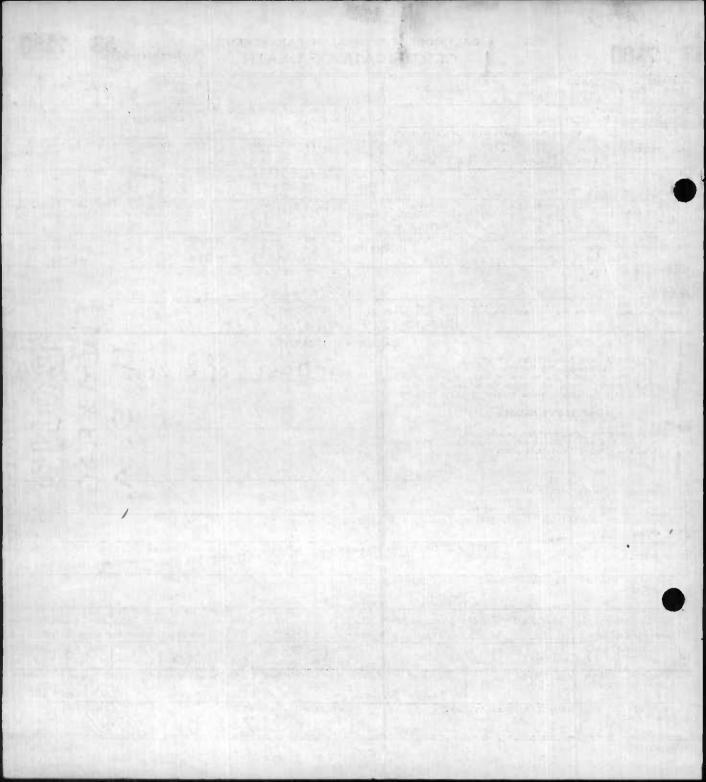
24D. LOCATION (City, town, or county)

12,1950 LOUPEN KARK. REGISTRAR'S SIGNATURE

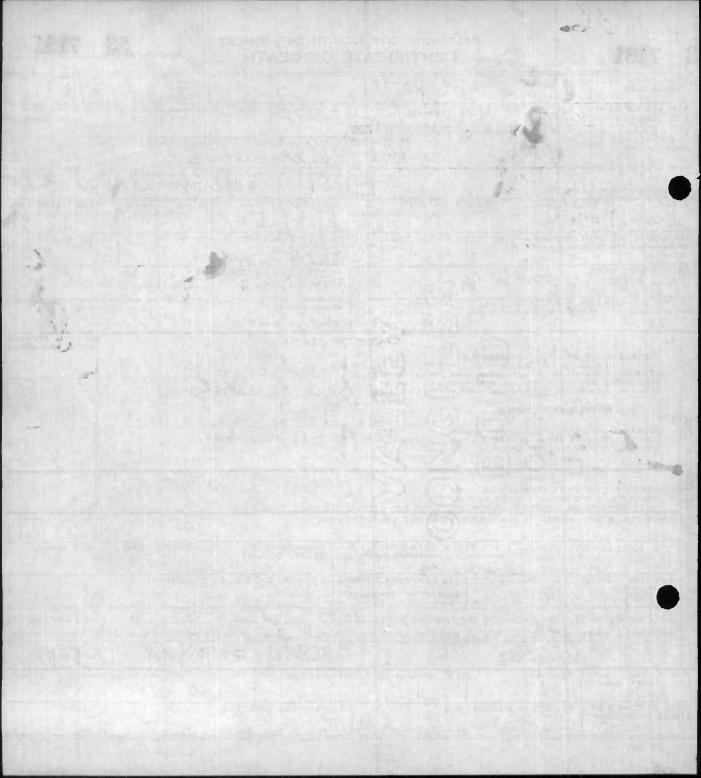
MARYLAND. ADDRESS

DATE RECEIVED BY

BALTIMORE 25 FUNERAL DIRECTOR



	EALTH DEPARTMENT Registered No.	7181
1. NAME OF DECEASED Bales girl Porter (Type or Print)	2. DATE OF DEATH	9/53
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR	4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY	before admission)
INSTITUTION	Baltimore batis	township)
ength of stay in Baltimore Yrs. Mos. Days	The state of the s	Rot 428
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	9 9 63 9 15 19 19 19 19 19 19 19 19 19 19 19 19 19	der I Year II Under 24 Hours his Days Hours Min.
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retwed)		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME PORTER	14. MOTHER'S MAIDEN NAME VIVIM a Lamberto	ech !
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADD MILTON & PORTER, 51 N. BELLEGA	PRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	bad condition 1-75 14 12 inches	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.		
21D. TIME (Month) (Day) (Year) (Hour) 21E. IN URY OCCURR 13753 Pm. WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from deceased alive on 1953, and that death occu	-9-, 19 to , 19_,	that I last saw the date stated above.
23A. SIGNATURE Schelles M. D.	wery Hospital	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE WESTERN	Balts ms	county) (State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	Am J. Tuckner Sons Inc. 18	Pally ml
VS 150		



MARGIN RESERVED FOR BINDING

(T	NAME OF Di	Hei	Taylor arietta Kelley				. 7, 1953
	Baltimore C	ity, Maryland		A. STATE		here deceased lived, If B. COUNTY	lnstitution : residence before admission
H	FULL NAME OSPITAL OR ISTITUTION		olty Hospitals	c. CITY OR TO	ryland wn (If ltimore	outside corporate li mi	s, write RURAL and g
7		77.10 2250613			DRESS (If	rural, give location)	
-		ay in Baltimore	Mie			isor, Ave. Ze	
	emale	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (S	Aug. 18,	1870	last birthday) Mo	onths Days Hours M
		f working life, even if retired.	Nome	Maryla	nd Har	ford Co.	12. CITIZEN OF WHAT COUNTS USA
13	3. FATHER'S N	11000110		14. MOTHER'S			
15	S WAS DECEASE	D EVER IN U. S. ARME	D FORCES? 16. SOCIAL			Unknown	
(Ye	NO	(If yes, give war or date	es of service) 16. SOCIAL SECURITY N	O. 17. INFORMAN		astern. Ave.	DDRESS
-	(This does heart failu injury or	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which	1040 C INFECTLY ITH of dying, e. g., (A)	rteriesclero	tieC	ardior ^a sular	ONSET AND DE
RTIFICATION	OTHER SIG	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L II NIFICANT CONDITIONS	DIRECTLY DIRECTLY TH of dying, e. g., ans the disease, caused death.) SES (B)	CERTIFICATION CHIEF OR ASS	ON APPRO	erdioracular OVED BY	ONSET AND DEA
CERTIFICATION	OTHER SIG	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAU SOR CONDITIONS, HE ABOVE CAUSE (A) TING CONDITION L II NIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSIN	DIRECTLY DIRECTLY TH of dying, e. g., ans the disease, caused death.) SES (B)	CERTIFICATION CHISTOR ASS	ON APPRO	erdioracular OVED BY	
AL CERTIFICATION	OTHER SIG TO THE OISEASE OTHER SIG TO THE OISEASE O THE OISEASE O THE OISEASE O	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) TING CONDITION L II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN F OPERATION	DIRECTLY DIRECTLY OF dying, e. g., ans the disease, caused death.) OUE TO SES (B)	CERTIFICATION CERTIFICATION CHISTOR ASS CHISTOR ASS	ON APPRO	M.D. ANINER. TION WAS RELATED TO POET PART II	Disease
MEDICAL CERTIFICATION	DISEAS (This does heart failuinjury or DISEASES RISE TO TUNDERLY) OTHER SIG TO THE OISEASE O 19A. DATE O	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) TING CONDITION L II NIFICANT CONDITION L OBEATH BUT NOT R CONDITION CAUSIN F OPERATION OF OP	DIRECTLY ITH of dying, e. g., ans the disease, caused death.) SES (B)	CERTIFICATI CERTIFICATI CHIST OR ASS TRACTURE Of his H OPERATION RY (e. g., in or 21C, W INJURY 10 C 10 C	ON APPRO	M. D. M.	Disease 20. AUTOPSY? YES NO give exact location)
DICAL CE	DISEAS (This does heart failu injury or heart failu injury or DISEASES RISE TO TUNDERLY OTHER SIG TO THE OISEASE OF LIA. ACCIDE OR CONTRIE DEATH (NOT 21D. TIME OF INJURY 22. I hereb	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which ANTECEDENT CAU GOR CONDITIONS, HE ABOVE CAUSE (A) INIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSIN F OPERATION INT WAS UNDERLY UTING CAUSE O IFY MEDICAL EXAMIN Month) (Day) (Year 7-30-53 The condition of the condi	DIRECTLY ITH of dying, e. g., ans the disease, caused death.) SES IF ANY, GIVING DIRECTLY OUE TO AST. (C) IF ANY, GIVING DIRECTLY OUE TO AST. (C) IF ANY, GIVING DIRECTLY OUE TO AST. (C) IF ANY, GIVING DIRECTLY OUE TO SECONTRIBUTING RELATED TO THE GIT. IP ANY, GIVING DIRECTLY (C) WHICH DIRECTLY OUE TO WHICH DIRECTLY OUE TO SECONTRIBUTING RELATED TO WHICH MARK AND SECONTRIBUTING RELATED TO WHICH WORK AND SECONTRIBUTING RELATED TO WHICH	CERTIFICATION CHIST OR ASS TRACTURE OF his H OPERATION RY (e. e., in or 21C. W INJURY 100	on APPRO IF OPERA CAUSE C PART I POCCUR? 2909 I DW DID IN. Fell 953, to	M.D.	Disease Disease ONSET AND DE Disease TO 20. AUTOPSY? YES NO E give exact location) to the flooractured her 3 that I last saw
DICAL CE	DISEAS (This does heart failu injury or heart failu injury or DISEASES RISE TO TUNDERLY OTHER SIG TO THE OISEASE OF LIA. ACCIDE OR CONTRIE DEATH (NOT 21D. TIME OF INJURY 22. I hereb	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A) INIFICANT CONDITION L INIFICANT CONDITION L OR CONDITION CAUSE OR CONDITION CAUSE OR CONDITION CAUSIN F OPERATION OF WAS UNDERLY UNTING CAUSE OF WAS UNDERLY UNTING CAUSE OF WAS UNDERLY UNTING CAUSE OF CONDITION CAUSE OF CONDITION CAUSE OF CONDITION CAUSIN F OPERATION OF CONDITION OF CONDITI	DIRECTLY ITH of dying, e. g., ans the disease, caused death.) OUE TO SES IF ANY, GIVING DIRECTLY OUE TO AST. (C) SECONTRIBUTING RELATED TO THE GIT. 19B. CONDITION FOR WHICH WAS PERFORMED TING 21B. PLACE OF INJU F about home, farm, factory, stree ER) (Hour) 21E. INJURY OCC WHILE AT NO WORK	CERTIFICATI CERTIFICATI CHIEF OR ASS TACTURE Of hi H OPERATION RY (e. g., in or of linder) CHIEF OR ASS TACTURE OF hi CHIEF OR ASS TACTURE OF hi COURTED 21F. HO COURTED 15 HO COURTED 21F. HO COURTED 23B. ADDRESS	IF OPERA CAUSE C PART I PART I POST OF THE PROPERTY OF THE PRO	M.D.	Disease Disease 20. AUTOPSY? YES NO give exact location) to the flooractured her 3 that I last saw he date stated about 23C. DATE SIGN

To be approved by Medical Examiners

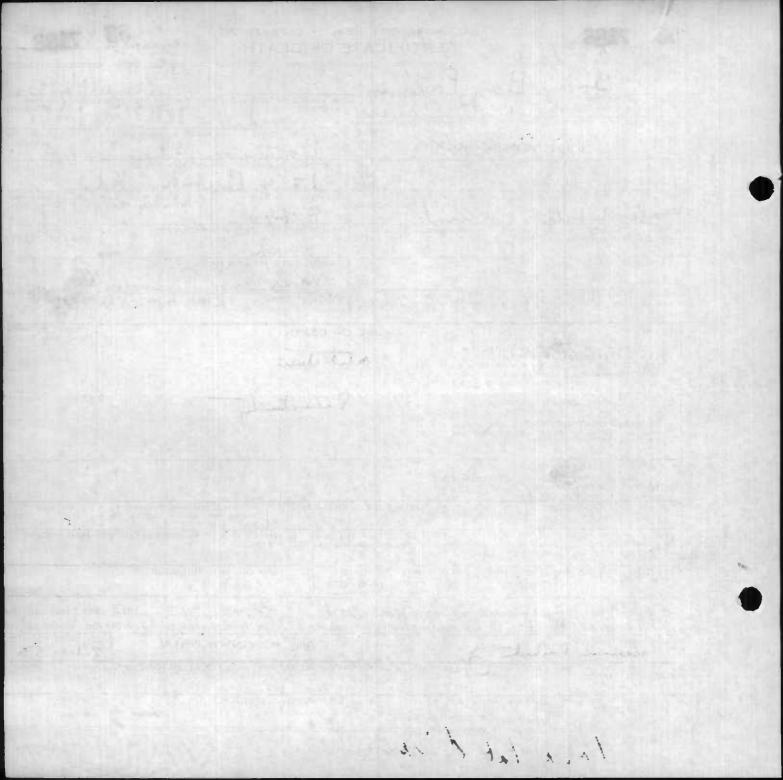
N 820.0

NAME OF STREET Will be to the state of Aveily well-well . Transmissing of the Late of St. 5 name to 1871 the after continuous as the week as the industrial THE REPORT OF STREET AND STREET

BINDING FOR ED RESERV MARGIN

VS 150

Registered No. 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If Institution : residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) (If rural, give location) 9. AGE (In years | H Under 1 Year | If Under 24 Hours last birthday) | Months Days | Hours Min. 12. CITIZEN OF WHAT COUNTRY? JOHNS HOPKINSA PROSPETA INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN VES NO 21c. WHERE DID (If in Baltimore City, give exact location) , 1923, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS



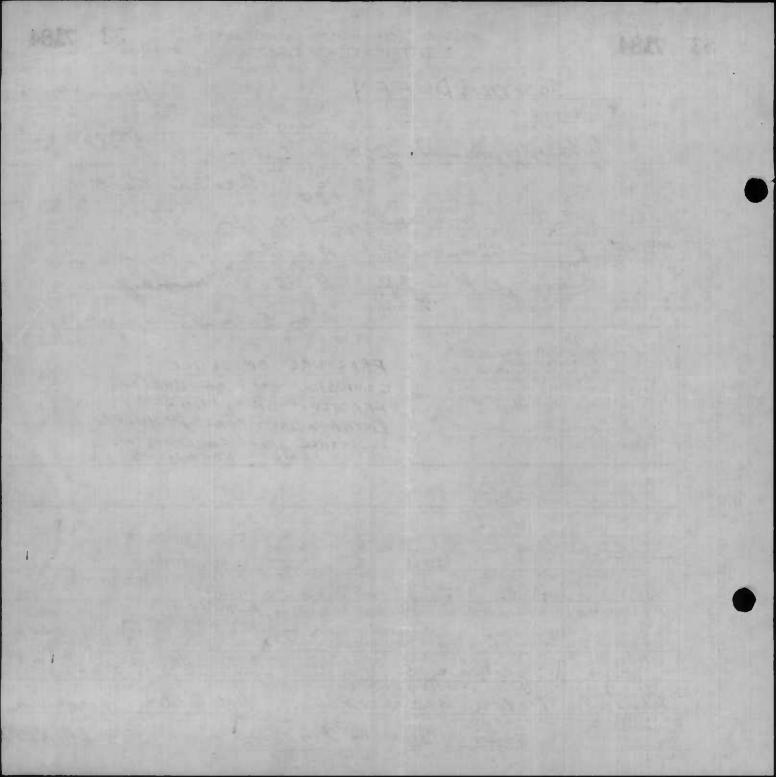
supplied.

BINDING

WRITE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 1. NAME OF DECEASED (Type or Print) 2. DATE JOSEPH J. DUFF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, & institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OF TOWN (If outside corporate limits, Frite IVURAL and give INSTITUTION should be carefu Yrs. D. STREET ADDRESS (If rural, give location) Mos. . Exeler Lies c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. naured 10A. USUAL OCCUPATION (Givekind of clearly BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work due during most of working life, even if retired) WHAT COUNTRY? hames information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH FRACTURE OF SKULL (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease DUE TO CONTUSION FOCI OF BRAIN injury or complication which caused death.) FRACTURE OF PELVIS ENTRA-ABOMINAL INDIRIES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE MULTIPLE SKIN LACERATIONS UNDERLYING CONDITION LAST. UNFADING Physicians: RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 11 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT important. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB-UTING I CAUSE OF DEATH. street Gough St. and Breadway 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Run over by a 8/8/53 NOT WHILE especially AT WORK trackless trolley WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURNAL, CREMA-24c/AME OF DEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) appalachea DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. PUNERAL DIRECTOR



BI	3 7185	BALTIMORE CITY HEA CERTIFICATE	OF DEATH	Registered 13 71.85
(T		y Mikushouiski (M; 4	USAUS KAS)	2. DATE OF DEATH 7-29-1953
	. PLACE OF DEATH: . Baltimore City, Maryland		STATE	ere deceased lived. If institution: residence B. COUNTY before admis
H	OSPITAL OR Baltimore	or institution, give street address or City Hospitalsocation)	Mary land	tside corpor te limit, write AUDAL ind
IN	ASTITUTION 4940 East	The state of the s	Baltimore	
3	4.1	Yrs. Mos.	STREET ADDRESS (If ru	ral, give location)
	Length of stay in Baltimore SEX 6.COLOR OR RACE 1	7 7 Ame	DATE OF BIRTH	AGE (in years) If Under 1 Year If Under 24
	Male White	WIDOWED, DIVORCED (Specify)	lune 15/888	last birthday) Months Days Hours
1 C	DA. USUAL OCCUPATION (Give kind of the days during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	. BIRTHPLACE (State or fore	ign country) 12. CITIZEN OF WHAT COUN
13	AIDR 3. FATHER'S NAME	& PRESSER	4. MOTHER'S MAIDEN NAM)
	1 6		3 8	1/
15	5. WAS DECEASED EVER IN U. S. ARMED I		7. INFORMANT	ADDRESS
(10	es, no grunknown) (If yes, glue war or dates o	215-03-9029	. C. H. 4940 East	ern Ave. (records)
	18. 490X	CAUSE OF	DEATH	INTERVAL BETT
	DISEASE OR CONDITION D			
	(This does not mean the mode of	dying, e, g., (A)	wer lebe Pasument	
	heart failure, asthenia, etc. It means injury or complication which can			
	ANTECEDENT CAUSE	S		
Z	ANTECEDENT CAUSE	(B)		
LION	DISEASES OR CONDITIONS, IF A	ANY, GIVING TATING THE DUE TO		
CATION	DISEASES OR CONDITIONS, IF	ANY, GIVING TATING THE DUE TO		
FIC	DISEASES OR CONDITIONS, IF A	ANY, GIVING TATING THE DUE TO T.		
RTIFIC	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST	ANY, GIVING TATING THE DUE TO T. (C)	4440=	
FIC	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST IT THE SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT REDISEASE DR CONDITION CAUSING IT	ANY, GIVING TATING THE DUE TO (C)	ition	
L CERTIFIC	DISEASES OR CONDITIONS, IF, RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST TO THE DEATH BUT NOT RE DISEASE DR CONDITION CAUSING IN 194. DATE OF OPERATION 195.	ANY, GIVING TATING THE DUE TO T. (C)	CAUSE OF	IN WAS RELATED TO 20. AUTOPSY DEATH, ENTER IN VES
CAL CERTIFIC	DISEASES OR CONDITIONS, IF, RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST TO THE DEATH BUT NOT RE DISEASE DR CONDITION CAUSING IN 19A, DATE OF OPERATION 19E WA 21A. ACCIDENT WAS UNDERLYIN	(B) ANY, GIVING TATING THE DUE TO (C) CONTRIBUTING LATED TO THE T. CONDITION FOR WHICH OPER S PERFORMED G 218. PLACE OF INJURY (e.g.	CAUSE OF PART I OR	DEATH, ENTER IN
CAL CERTIFIC	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST IT DISEASE DR CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IN THE DISEASE DR CONDITION CAUSING IN THE CONDITION CAUSING I	CONTRIBUTING LATED TO THE LYPORTURE B. CONDITION FOR WHICH OPER S. PERFORMED G 21B. PLACE OF INJURY (e. g. about home, farm, factory, street, office bids.)	CAUSE OF PART I OR	PART II YES NO
AL CERTIFIC	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST TO THE DEATH BUT NOT REDISEASE DR CONDITION CAUSING IN 19A. DATE OF OPERATION WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (F	(B) ANY, GIVING TATING THE DUE TO (C) CONTRIBUTING LATED TO THE T. CONDITION FOR WHICH OPER S PERFORMED G 218. PLACE OF INJURY (e. g. about home, farm, factory, atreet, office bldg	CAUSE OF PART I OR	DEATH. ENTER IN YES NO IN Baltimore City, give exact location
EDICAL CERTIFIC	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION ISE WAS ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(B) ANY, GIVING TATING THE DUE TO T. (C) CONTRIBUTING LATED TO THE EXPORTER A. CONDITION FOR WHICH OPER S PERFORMED G 21B. PLACE OF INJURY (e. g. about home, farm, factory, street, office bldg Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE	CAUSE OF PART I OR ., in or 21C, WHERE DID (If INJURY OCCUR?	DEATH. ENTER IN YES NO IN Baltimore City, give exact location
EDICAL CERTIFIC	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST TO THE DEATH BUT NOT RE DISEASE DR CONDITION CAUSING I 19A. DATE OF OPERATION 19E WA 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (FOR INJURY)	(B) ANY, GIVING TATING THE DUE TO T. (C) CONTRIBUTING LATED TO THE T. CONDITION FOR WHICH OPER ADONAL HOME, farm, factory, atreet, office bidg WHILE AT NOT WHILE TO WHILE AT NOT WHILE AT WORK	CAUSE OF PART I OR in or 21C. WHERE DID (If INJURY OCCUR? 21F, HOW DID INJURY OCCUR?	DEATH, ENTER IN YES NO
EDICAL CERTIFIC	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST OF THE DEATH BUT NOT REDISEASE DR CONDITION CAUSING INTO THE DEATH BUT NOT REDISEASE DR CONDITION CAUSING INTO THE DEATH WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (FOR INJURY) 22. I hereby certify that I attention of the contribution of the	CONTRIBUTING LATED TO THE LYPERULE S. CONDITION FOR WHICH OPER AS PERFORMED G 218. PLACE OF INJURY (e. g. about home, farm, factory, street, office bidg. Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE M. WORK AT WORK	CAUSE OF PART I OR PART I	PART II In Baltimore City, give exact location RY OCCUR? 7-29, 1953, that I last sau
EDICAL CERTIFIC	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST 11 DITHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION ISE WAS 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (FOR INJURY) 22. I hereby certify that I attendeceased alive on 7-29	CONTRIBUTING LATED TO THE T. CONTRIBUTING LATED TO THE T. CONDITION FOR WHICH OPER SPERFORMED CONDITION FOR WHICH OPER	CAUSE OF PART I OR PART I	PART II In Baltimore City, give exact location RY OCCUR? 7-29, 1952, that I last sau causes and on the date stated ab
EDICAL CERTIFIC	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST OF THE DEATH BUT NOT REDISEASE DR CONDITION CAUSING INTO THE DEATH BUT NOT REDISEASE DR CONDITION CAUSING INTO THE DEATH WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (FOR INJURY) 22. I hereby certify that I attention of the contribution of the	CONTRIBUTING LATED TO THE T. CONTRIBUTING LATED TO THE T. CONDITION FOR WHICH OPER SPERFORMED CONDITION FOR WHICH OPER	CAUSE OF PART I OR PART I OR S., etc.) 21C. WHERE DID (If INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 28 28 2153, to m., from the	PART II In Baltimore City, give exact location RY OCCUR? 7-29, 1952, that I last sau causes and on the date stated ab
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST OF THE DISEASE DR CONDITION CAUSING IN THE CONTRIBUTION CAUSING IN THE CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF INJURY 21D. TIME (Month) (Day) (Year) (FOR INJURY) 22. I hereby certify that I attended a deceased a live on Contribution Causing In the Causin	CONTRIBUTING LATED TO THE T. CONTRIBUTING LATED TO THE T. CONDITION FOR WHICH OPER CONDITION F	CAUSE OF PART I OR PART I OR S., etc.) 21C. WHERE DID (If INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 28 28 2153, to m, from the	PART II in Baltimore City, give exact location RY OCCUR? 7-29, 1952, that I last saw causes and on the date stated ab 23c. DATE SIGN Balto. Md. 7-29-53
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST THE PROPERTY OF THE PROPERT	CONTRIBUTING LATED TO THE T. CONTRIBUTING LATED TO THE T. CONDITION FOR WHICH OPER CONDITION F	CAUSE OF PART I OR PART I OR S., etc.) 21c. WHERE DID (If INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 23	PART II in Baltimore City, give exact location RY OCCUR? 7-29, 1952, that I last sau causes and on the date stated ab 23c. DATE SIGN Balto. Md. 7-29-53
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST UNDERLYING CONDITION CAUSING IT DEATH BUT NOT REDISEASE DE CONDITION CAUSING IT 19A. DATE OF OPERATION TO CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21A. TIME (Month) (Day) (Year) (FOR INJURY) 22. I hereby certify that I attendence as a live on Told Contribution Co	CONTRIBUTING LATED TO THE CONTRIBUTING LATED TO THE CONDITION FOR WHICH OPER S. CONDITION FOR WHICH OPER S. PERFORMED G 218. PLACE OF INJURY (e. g. about home, farm, factory, street, office bidg. Hour) 218. INJURY OCCURRED WHILE AT NOT WHILE M. WORK MORE AT WORK AT WORK 24C. NAME OF CEMETERY 24C. NAME OF CEMETERY M. D. 49	CAUSE OF PART I OR PART I OR S., etc.) 21c. WHERE DID (If INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 23	PART II in Baltimore City, give exact location RY OCCUR? 7-29, 1952, that I last saw causes and on the date stated ab 23c. DATE SIGN Balto. Md. 7-29-53
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST 11 DTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REDISEASE DR CONDITION CAUSING IN 19A. DATE OF OPERATION SEASE OF CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (FOR INJURY) 22. I hereby certify that I attendeceased alive on 7-29 23A. SIGNATURE 4A. BURIAL, CREMA- 24E. DATE ON REMOVAL (Specify)	CONTRIBUTING LATED TO THE S. CONDITION FOR WHICH OPER S. PERFORMED G 218. PLACE OF INJURY (e. g. about home, farm, factory, street, office bidg. Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE MORK AT WORK anded the deceased from 7- 1952, and that death occurre 24c. NAME OF CEMETERY 24c. NAME OF CEMETERY	CAUSE OF PART I OR INJURY OCCUR? 21c, WHERE DID (If INJURY OCCUR? 21f, HOW DID INJURY 28 dat 2:154 m., from the Industry ADDRESS 40 Eastern Ave. ADRESS	PART II in Baltimore City, give exact location RY OCCUR? 7-29, 1953, that I last saw causes and on the date stated al 23c. DATE SIG. Balto. Md. 7-29-53 ATION (City, town, or county) (St. Md. T. M.

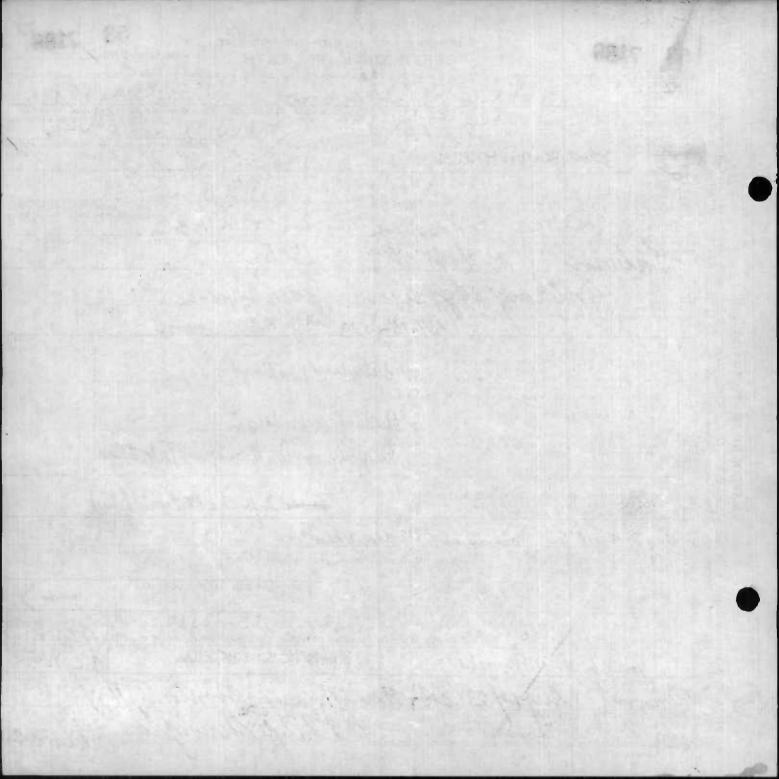
ERRERS-TO-THE CONTRACTOR OF THE PROPERTY OF TH THE RESERVE OF CHILD ा । अंगर सम्ब Page Salakai LI TRAVENTY 812000 Las farte de la Bert Consumer or a province color of the following marks Will Ton Talenders of the Street Street walt transfered THE REST. SHOWS THE PARTY OF TH TALES OF THE PROPERTY OF THE STATE OF THE ST

PLEASE WRITE correct age

VS 150

MARGIN RESERVED FOR BINDING

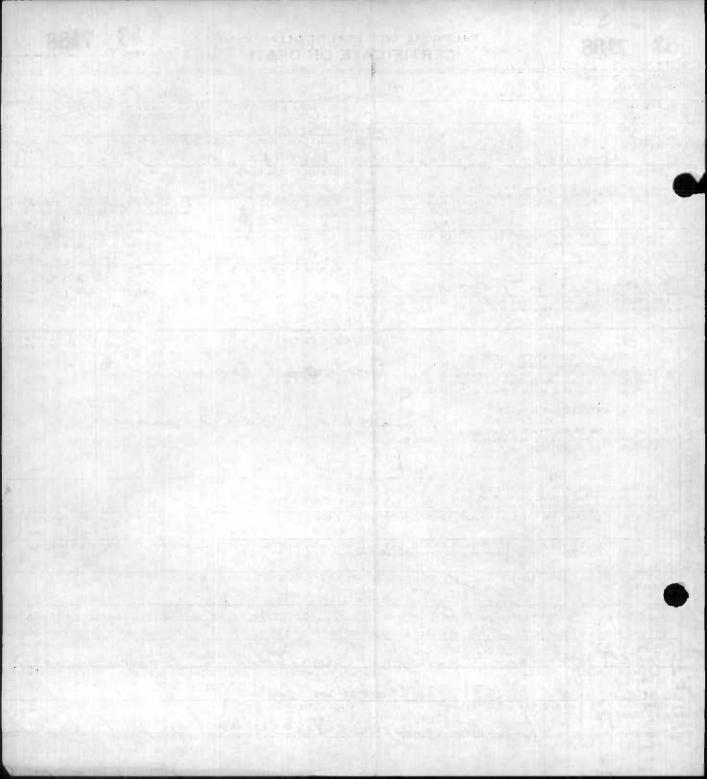
1	
53	7186
Registered No.	7.405
OF OUR	10,1953
DEATH here deceased lived, If inso	
B. COUNTY	before admission)
outside corporate limits, w	rite RURAL and give
77.50	township)
ural, give location	
lam St	
9. AGE (In years Month	B Days Hours Min.
reign country) 12	CITIZEN OF
12	WHAT COUNTRY?
ME	
ADD	RESS
OSPITAT	
OSPITAL	INTERVAL BETWEEN
	ONSE! AND DEATH
***************************************	***************************************
1010 7110. ***********************************	***************************************
ioma Tub. dellas	
MIND I NOW , MOURON	
100	
Rt. Frontal Lobel	b
ION WAS RELATED TO	20. AUTOPSY?
F DEATH, ENTER IN	YES NO
If in Baltimore City, giv	e exact location)
URY OCCUR?	1
211053	
$6 10$, $19 \frac{3}{3}t$ are causes and on the	hat I last saw the
	23c. DATE SIGNED
THAI (lug 10'53
CATION (City, town, or	compt) (State)
men //4	7
1/1	DORESS 1
med man	hand st
1	www.



LOCAL REGISTRAR

151

1)	-2	50					
-	53 7	188	BAL		ALTH DEPARTMENT	53	7188
В	RTH NO.	3-185	78	CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF D ype or Print)	ECEASED EL	isi	Long		2. DATE OF DEATH 8-/	0-57
	PLACE OF D Baltimore (EATH: City, Maryland		9	4. USUAL RESIDENCE (V		titution: residence before admission)
В.	FULL NAME		ital or instituti	on, give street address or location)	Marylan	2	
	STITUTION	المرابي المرا	. —	U - /	BIT	outside corporate limits, w	rite RURAL and give (with the property)
7	4	Anivers	, , ,	Yrs.	1 1 2 1 1 1 1 1 1	rural give location)	
		tay in Baltimore		Mos. Days	10200	alonet	e are
5.	SEX	6. COLOR OR RACE		. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Und last birthday) Month	er 1 Year H Under 24 Hours as Days Hours Min.
10	H USUAL OC	CUPATION (Give kindo	Sing		8-9-53		9 46
worl	dooe during most	of working life, even if retired) IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 12	WHAT COUNTRY?
13	FATHER'S	IAME	1		14. MOTHER'S MAIDEN NA	a U	niTed, STATOS
	to Para	111 2	Propor	-1	SILIP	y th	Janes
15	. WAS DECEASI	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL	17. INFORMANT	AOD	RESS
(20	, 10 o. 10100 ml)	(1. yes, give was or dat	da of mervice)	SECURITY NO.			
	18. 76	2.0		CAUSE	OF DEATH		INTERVAL BETWEEN
3	DISEAS	SE OR CONDITION		P	1 1 0		SHOEL AND DEATH
	(This does heart failu	not mean the mode re, asthenia, etc. It me	of dying, e. g	(A) Leve	to al a	no fra	
	injury or	complication which	caused death	DUE TO			
Z		ANTECEDENT CAU	SES	a Cun-	-ea hearn	time	
<u>O</u> L	DISEASE:	S OR CONDITIONS,	IF ANY, GIVIN	(B)		and the second s	
CERTIFICATION	UNDERL	YING CONDITION L	AST.				
IFI		11		(C)			
121		IGNIFICANT CONE					
Ü	TO THE D	ISEASE OR CONDITIO	N CAUSING I	т	A T.O.N.		
AL	19A. DATE C	F OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		YES NO
EDICAL	2 IA. ACCIDE	NT. SUICIDE. (Specify)		CE OF INJURY (e. g., ic		f in Baltimore City, give	
ME	1101110102	(openity)	about nome, r	a m, racoor 3, sor cos, o mee brug., c			
y	2 ID. TIME (Month) (Day) (Year		1E. INJURY OCCURRI	D 2 IF. HOW DID INJURY	OCCUR?	BE DEED
L			m.	WORK NOT WHILE			
				deceased from 8-		8 - 10 , 1953, t	
	23A. SIGNAT				red at 5:10 Am., from to		date stated above.
	2	irogina a	- 1h	unter M.D.	Universa	to Hosp	8-10-53
24	A. BURIAL, C	Pecify) 248. DATE	8	4c. NAME OF CEMETE	RY OR CREMATORY 24D. L	CATION (City, Wwn, or	county) (State)
Co	rurial	18-11	-53	Millubs	vm Cem 100	rest	
	CAL REGIST		'S SIGNATU	RE	A5. FUNERAL DIRECTOR	AI AI	DDRESSATT
-	AUG 1 1	0 4	4-17	WHO IN-	Translis Weter	steep 21 7°	uddle H
	VS 150	1333	0	-		8	



	The	
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.	
MARGIN RESER	UNFADING INK. Physicians: please	
	PLEASE WRITE PLAINLY, WITH correct age is especially important.	

ВІ	53 _{RTH} No. 7	189	BAL	CERTIFICATI	E OF DEA		Registered	No	7189
	NAME OF D ype or Print)		thur Wa	shington		2	OF DEATH Ju	Ly 28,	1953
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RES	SIDENCE (Wher		If institut	
H	FULL NAME OSPITAL OR	OF (If not in hospital Baltimore	city	ion, give street address or Hospital socation)	c. CITY OR TO	ary land	side eorporate lin	nits, write	RURAL and give
IN	STITUTION	4940 East				altimore	17-	-07	township)
		tay in Baltimore	33	Yrs. Mos. Days	6	ODRESS (If rure			
	sex (ale	6. COLOR OR RACE		E, MARRIED, PED, DIVORCED (Specify)	0et. 5,		AGE (In years last birthday)	Months D	ar H Under 24 Hours ays Hours Min.
		CUPATION (Give kind of of working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	1000	CE (State or foreig	gn eountry)	12. CI WI	TIZEN OF HAT COUNTRY?
13	. FATHER'S	NAME				MAIDEN NAME	•	-!	
10	Wite Description	George Wa	COLUMN TO THE REAL PROPERTY.		Do	ra Garfie	eld		
(Ye	s, no or unknown)	ED EVER IN U.S. ARMED (If yos, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	B. C. H.			ADDRES	
	18. 321	V			OF DEATH	4740 -4866	orn Ave.	INT	ERVAL BETWEEN SET AND DEATH
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO T UNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea; complication which e ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA	'H f dying, e. g ns the disease aused death ES ' ANY, GIVIN STATING TH ST.	(B)(C)	rel Vase	ular Accid	lest.		
CE	OISEASE O	DEATH BUT NOT F R CONDITION CAUSING F OPERATION 11	IT.	TION FOR WHICH OF	DEPATION	I IE OPERATION	WAS RELATED	TO 1 20	. AUTOPSY1
AL			AS PERFO	RMED		PART I OR F	PART II	IN YES	s No
EDICAL	OR CONTRIB	ENT WAS UNDERLYI BUTING CAUSE OF TIFY MEDICAL EXAMINE	about	. PLACE OF INJURY (home, farm, factory, street, office	e. g., in or 21C. W bldg., etc.) INJUR	HERE DID (If i	in Baltimore Cit	y, give ex	aet location)
Σ	21D. TIME (OF INJURY	Month) (Day) (Year)	(Hour) 2	WHILE AT NOT WHILE AT WORK AT WORK	LE	OW DID INJUR	Y OCCUR?		
		live on 7-28			rred at 9:10P	m., from the	causes and on	the date	
24 TIC	AA. BURIAL. (S	CREMA- CREMA- Specify)	m, 170	24c. NAME OF CENTER	P40 Baster RY OR CREMATO		ATION (City, tov		26-1953 ity) (State)
	ATE RECEIVE		S SIGNATU	DRE UNIVERSITY OF THE PROPERTY	25. FUNERAL	DIRECTOR	Villiame	ADDR	ESS
=	VS 150	7.	-0			0			

SESSON ILLEN! The state of the state of the THE SECOND DE THE RESERVE OF THE PARTY OF THE Alelient teens Door to Manual or tool Category and of the Out of the San-Jos Lee Company Company - Killer - 1967: 9

1. NAME OF I		inthony I	And rove			Registe	8-2-	1953
3. PLACE OF I	City, Maryland		THE CONTRACTOR	4. USUAL RES		DEATH here deceased li B. COUN	ved. If inst	
B. FULL NAME HOSPITAL OR INSTITUTION	Baltimore Ci 4940 Eastern	ty Hosp:	on, give street address of location	C. CITY OR TO	rland VN (If o	outside corporat	e limits, w	rite RURAL and
3 Length of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADD	Safting	Baltino	Hospi	tals
5. SEX	6.COLOR OR RACE	7. SINGLE, WIDOWE Single		8. DATE OF BIR	TH	9. AGE (In ye	ars If Unde	r I Year If Under 24 s Days Hours I
10A. USUAL O	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTR	Lithuania	E (State or for	reign country)	12	CITIZEN OF WHAT COUNT
13. FATHER'S	Anthony	Andrews		14. MOTHER'S	MAIDEN NA	ME		
15. WAS DECEAS	ED EVER IN U. S. ARMEI (If yos, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records:Ba	4940 Ea	stern Av	e. ADDI	RESS
OISEA (This doe heart fail	SE OR CONDITION LEADING TO DEA's s not mean the mode of the asthenia, etc. It mea complication which of	TH of dying, e.g., uns the disease,	(A) 	OF DEATH	LGIMOPE	olty ne		INTERVAL BETY
OISEA (This doe heart fail injury or	SE OR CONDITION LEADING TO DEA's not mean the mode care, asthenia, etc. It mea	TH of dying, e.g., uns the disease, caused death.) EES FANY, GIVING STATING THE	(A)	OF DEATH		OT GY NO		INTERVAL BETW
DISEASE RISE TO UNDERLU OTHER SI TO THE DISEASE TO UNDERLU OTHER SI TO THE DISEASE TO THE DISEAS	SE OR CONDITION LEADING TO DEA' s not mean the mode of the action which of the complication of the complicatio	TH of dying, e. g., uns the disease, eaused death.) SES F ANY, GIVING STATING THE AST. CONTRIBUT RELATED TO	(A) Bro (B) CO	of DEATH				INTERVAL BETWONSET AND DE
Z O DISEASE RISE TO UNDERLU OTHER SI TO THE DISEASE	SE OR CONDITION LEADING TO DEA'S not mean the mode oure, asthenia, etc. It mean complication which of ANTECEDENT CAUSE S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II SNIFICANT CONDITIONS DEATH BUT NOT 1 DR CONDITION CAUSING DE OPERATION 1	TH of dying, e. g., uns the disease, eaused death.) SES F ANY, GIVING STATING THE AST. CONTRIBUT RELATED TO	DUE TO (B) DUE TO (C) FING THE	OF DEATH	IF OPERAT	ION WAS RELA T DEATH, EN	TED TO	INTERVAL BETW
DISEASE RISE TO UNDERL UNDERL OTHER SI TO THE DISEASE 19A. ACCID OR CONTRI OEATH (NO	SE OR CONDITION LEADING TO DEA'S not mean the mode oure, asthenia, etc. It mean complication which of ANTECEDENT CAUSE S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II SNIFICANT CONDITIONS DEATH BUT NOT 1 DR CONDITION CAUSING DE OPERATION 1	TH of dying, e. g., uns the disease, eaused death.) EES F ANY, GIVING STATING THE AST. CONTRIBUT RELATED TO 3 IT. 9B. CONDIT VAS PERFOR ING 21B. about ho	DUE TO (B) DUE TO (C) FING THE	or DEATH nchiectasis PERATION (e.g., in orl 21c, WH	IF OPERAT CAUSE OF PART I O	ION WAS RELA F DEATH, EN R PART II	TED TO	20. AUTOPSY
O DISEASE RISE TO UNDERLU OTHER SI TO THE DISEASE 19A. DATE OF CONTRIDENT OF CONTRIDENT (NO. 194)	SE OR CONDITION LEADING TO DEA S not mean the mode of the action which of the complication of th	TH of dying, e. g., uns the disease, caused death.) SES F ANY, GIVING STATING THE AST. CONTRIBUT RELATED TO 3 IT. 9B. CONDIT VAS PERFOR ING 21B. about ho cr. (Hour) 21	(A) Bro (B) Bro (C) (C) (ING THE ION FOR WHICH C	onchiectasis nchiectasis PERATION (e.g., in or 21c. WH obldg., etc.) INJURY	IF OPERAT CAUSE OF PART I OI ERE DID (I OCCUR?	ION WAS RELA F DEATH, EN R PART II	TED TO	20. AUTOPSY
OTHER SITO THE DISEASE TO UNDERLU OTHER SITO THE DISEASE TO UNDERLU OTHER SITO THE DISEASE TO TH	SE OR CONDITION LEADING TO DEA'S not mean the mode oure, asthenia, etc. It mean complication which of ANTECEDENT CAUSE SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II SNIFICANT CONDITIONS DEATH BUT NOT OF OPERATION 1 V ENT WAS UNDERLY! BUTING CAUSE OF TIFY MEDICAL EXAMINE (Month) (Day) (Year) On certify that I attention	THOM IT IN THE LET THE	DUE TO (B) PLOCE TO (C) FING THE ION FOR WHICH COMED PLACE OF INJURY OME, farm, factory, street, office WHILE AT NOT WH WORK AT WO Receased from 2-	onchiectasis nchiectasis nchiectasis nchiectasis nchiectasis 21c. WH INJURY 21f. HO	IF OPERAT CAUSE OF PART I OF PART I OF OCCUR?	ION WAS RELA TO DEATH, EN' R PART II If in Baltimore	TED TO TER IN City, giv	20. AUTOPSY: YES No e exact location)
OTHER SITO THE DISEASE TO UNDERLU OTHER SITO THE DISEASE TO UNDERLU OTHER SITO THE DISEASE TO TH	SE OR CONDITION LEADING TO DEA'S not mean the mode of the act of the control of the complication which of the complication which of the above cause (A) SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II SINIFICANT CONDITIONS DEATH BUT NOT TO BE CONDITION CAUSING OF OPERATION I VENT WAS UNDERLY BUTING CAUSE OF THE WAS UNDERLY BUTING CAUSE O	THOM IT IN THE LET THE	ION FOR WHICH COMED PLACE OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY WHILE AT NOT WHEN WORK AT WOOR AT WOOR INJURY OF	onchiectasis nchiectasis nchiectasis nchiectasis nchiectasis 21c. WH INJURY 21f. HO	IF OPERAT CAUSE OF PART I OF ERE DID (I OCCUR? W DID INJU 48, to 8 M. from th	ION WAS RELAF DEATH, EN'R PART II If in Baltimore JRY OCCUR?	TED TO TER IN City, giv	20. AUTOPSY YES NO e exact location hat I last sau late stated ab 3c. DATE SIGN

1970501-E1 See query reply in Document file. WASTEN TRAM DANS and the second STORE FROM L. . . . SE STORE OF THE THE SHOT SHOW Reconstruction of the last of the party of the state of t Constitution of the Consti

5	3 7191	BALTIMORE CITY HE	EALTH DEPARTMENT	53	7191
D.I	RTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF DECEASED	77		10 0475 /3	
(T	ype or Print) Mary	Scott		of City	9-1933
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	Where deceased lived, It ins	stitution : residence before admission
	FULL NAME OF (If not in hospital or in	stitution, give street address or	ma	usland 1	200
	STITUTION A	location)	c. CITY OR TOWN (If	outside corporate limits,	
	Little Sisters	afthe Your	Balt.	0 53	township
		Yrs.	D. STREET ADDRESS (If	rural, give location)	100
8	ength of stay in Baltimore	4 years Mos. Days	3803 Ja	wrenceton	n Rd.
5.		INGLE MARRIED. IDOWED, DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (in years I Un	der I Year If Under 24 Hours hs; Days Hours; Min.
1	male what	A (Specify)	march 4 1869	F 4	Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B.		11. BIRTHPLACE (State or fo	1 0	2. CITIZEN OF
OFE	done during most of working life, even if retired)	INDUSTRY	m. and	1	WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	0.0 4.00.	1	0	12 1	
15	. WAS DECEASED EVER IN U. S. ARMED FORCE	EST 16. SOCIAL	aroline	Daker	
(Ye	, no or unknown) (If yes, give war or dates of serv	SECURITY NO.	17. INFORMANT	ADD	RESS
-			eltlest	sters of the	door
	18. 33/X		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	CTLY	profesal bla.	molalica	1000
	LEADING TO DEATH (This does not mean the mode of dyin	g, e. g., (A)	ever yer	1600MGG	2.444
	heart failure, asthenia, etc. It means the injury or complication which caused	death.) DUE TO	()		1
	ANTECEDENT CAUSES		11/2 : 20	7	1 2 2
2	711120202111 0710020	(B)	una cu	uses -	142
◙│	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATE	GIVING	***************************************) ** ** ** ** ** ** ** ** ** ** ** ** **	
۲I	UNDERLYING CONDITION LAST.				
2		(C)		***************************************	***************************************
	H. Carrier		had a countral		
2	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R	ELATED			
Ü	TO THE DISEASE OR CONDITION CAUS	ING IT.			
ادِ	19a. DATE OF OPERATION 19a. M.	AJOR FINDINGS OF OPER	RATION	and the second	20. AUTOPSY?
S	21a. ACCIDENT WAS UNDER- 21	B. PLACE OF INJURY (e. g., i	n or 21c, WHERE DID (I	f in Baltimore City, giv	YES NO L
	LYING OR CONTRIBUTING about	home, farm, factory, street, office bidg.		I in Danimore City, giv	e exact location)
Ξ	CAUSE OF DEATH				
	21D. TIME (Month) (Day) (Year) (Hour			OCCUR?	
		m. WHILE AT NOT WHILE			
7	22. I hereby certify that I attended	the deceased from this	144- 1993 to Ci	119 9-1963	that I last saw th
		3. and that death occur	1	he lauses and on the	
	23A. SIGNATURE		3B. ADDRESS		23c. DATE SIGNED
	E Sill	Hall Man. D.	16318.	11/21/11/11	Crug 105.
24	A. BURIAL, CREMA- 248. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

(State)

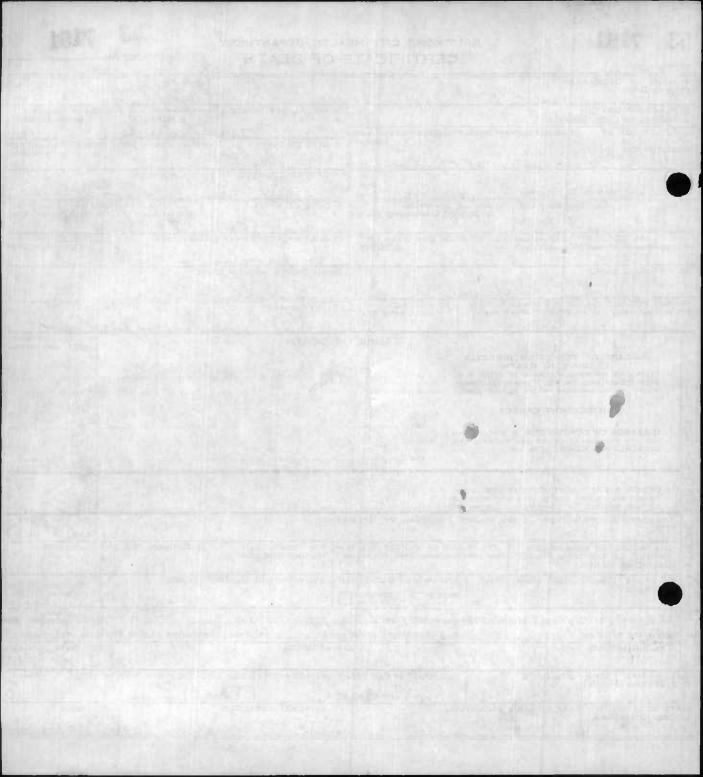
Bural
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

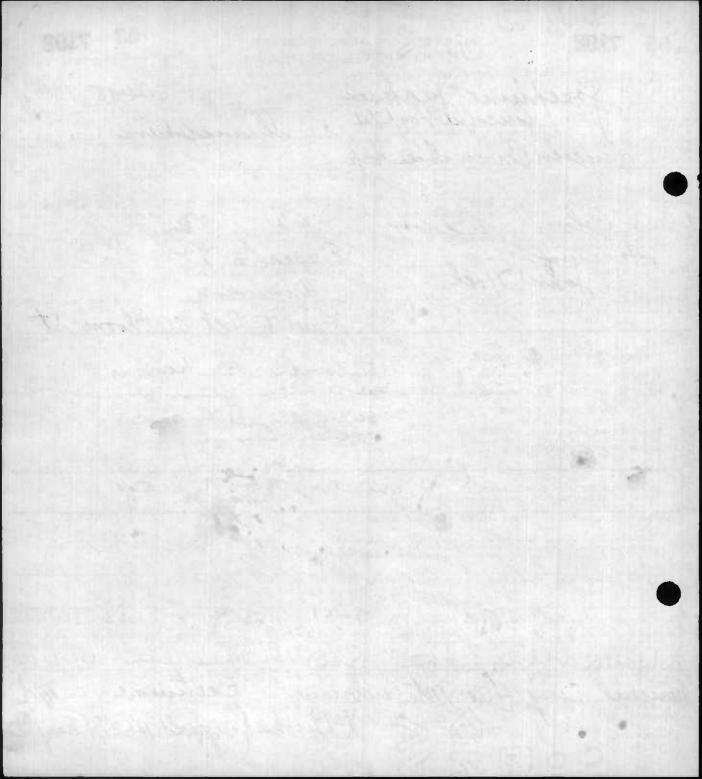
ADDRESS

VS 150



VS 150

RI	53 IRTH NO.	7192		CERTIFICA	TE OF DEA		Registered N	- 1785	
1.		DEC ASED	blaine.	Jacken	m	2	DATE OF DEATH ONLY	18-1953	
B. H	PLACE OF Baltimore FULL NAM OSPITAL OF ISTITUTION	e City, Maryland	//	on, give strept address locate		remas	deceased lived of I	nstitution: residence before admission and admission a, write RURAL and give township	ve
0	ngth o	f stay in Baltimo	ore	26 M	D. STREET ADD	ORESS (If rura	l, give location)	250	
te	male	6. COLOR OR R	WIDOW	E, MARRIED, IED, DIVERCED (Spe OF BUSINESS OF	/8 //	/	R2 Mor	Under 1 Year If Under 24 Hours Min	3
vor)	k done during m	but of working life, even if	W Moe	INDUS-		E (State or foreig	a	12. CITIZEN OF WHAT COUNTRY	17
15 (Ye	. WAS DECE	ASED EVER IN U. S., wn) (If yos, give war	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NO	D. CHARLES	t Noel	511 Blo	om St	_
LION	(This dinament from injury	EASE OR CONDITION OF THE ABOVE CAUSE	DEATH node of dying, e. g ft means the diseas nich caused death CAUSES NS. IF ANY, GIVING E (A) STATING TH	(A) QUE TO (B)	e of DEATH initial of the Security currents colors	which a	Randis	INTERVAL BETWEE	H 2
CERTIFICA	OTHER	RLYING CONDITION SIGNIFICANT CONTROL OF THE DEATH. DISEASE OF CONDITIONS DISEASE OF CON	ONDITIONS CON	0	tation of	65M	leap	?	
CAL	21A. ACC	OF OPERATION	ER. 218. PLA	FINDINGS OF O	g., in or 21c. WHERE	EDID (If in	Baltimore City, g	20. AUTOPSY? YES NO [ive exact location)	2
ME	CAUSE	OR CONTRIBUTION DE DEATH E (Month) (Day) (Year) (Hour)	arm, factory, atreet, office b 2 1E. INJURY OCCU WHILE AT NOT WI WORK AT WO	RRED 21F. HOW C	DID INJURY O	CCUR?		
		eby certify that			7-3], 19 courred at 5./5 F	53to S m., from the c		Sthat I last saw the date stated above 23c. DATE SIGNER	e.
24	BURIAL N REMOVAL	CREMA- 24B PA	1/2/53	Mt Ceu	2301 H	RY 24BOCA	Jigh (City, town,	or county) (State	3
	ATE RECEI		MAR'S SIGNATI	E LIGHT CO	E PINERAL	BI ST	Al 11/2	ADDRESS (L



MARGIN RESERVED FOR BINDING

0

Ë	
supplied.	
carefully	egibly.
onld be	rly and I
nformation sl	of death clea
of ir	ises (
ery item	e the car
EV	writ
INK.	please
RITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied.	is especially important. Physicians: please write the causes of death clearly and legibly.
WITH	ortant.
PLAINLY.	ecially imp
RITE	is esp

ERTIFICA

U

MEDICAL

F-63 53 71 BIRTH NO.	93		TIMORE CITY HE	ALTH DEPARTMENT E OF DEATH	53 Registered N	7193
1. NAME OF DE (Type or Print)		HERINE	V. FRENCH		OF DEATH 8/7	
B. FULL NAME OF INSTITUTION	city, Maryland 9		nt Street ion, give street address or location)	Baltimore	B. COUNTY outside corporate limit	institution: residence before admission) s, write RURAL and give township
c. Length of st	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If a 9II Light		
5. SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH		f Under 1 Year H Under 24 Hours onths Days Hours Min.
10A. USUAL OCC. work done during mosto Housewol 13. FATHER'S N			O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore 14. MOTHER'S MAIDEN NA		12. CITIZEN OF WHAT COUNTRY
15. WAS BECEASE (Yes, no or unknown) No	James M D EVER IN U. S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	Mariah Fardy 17. INFORMANT Family - Say	A	DDRESS
(This does heart failur injury or	DE OR CONDITION LEADING TO DEAT not mean the mode or re, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, II	H f dying, e. 1 ns the diseas aused death ES F ANY, GIVIN	Thype, (A) Head (B) Sense (B) Sense	of DEATH Lengue - and of diseas	terioseles terioseles	INTERVAL BETWEEN ONSET AND DEATH

Senih UNDERLYING CONDITION LAST. (C) ... 11

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION

WAS PERFORMED CAUSE OF DEATH, ENTER IN PART I OR PART II 21C. WHERE DID (If in Baitimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?

20. AUTOPSY?

23c. DATE SIGNED

IF OPERATION WAS RELATED TO

DEATH (NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

NOT WHILE WORK

2 , 1953 that I last saw the 22. I hereby certify that I attended the deceased from Que 1953, and that death occurred at 1/20 F.m., from the Auses and on the date stated above. deceased alive on and 23B. ADDRESS 23A. SIGNATURE

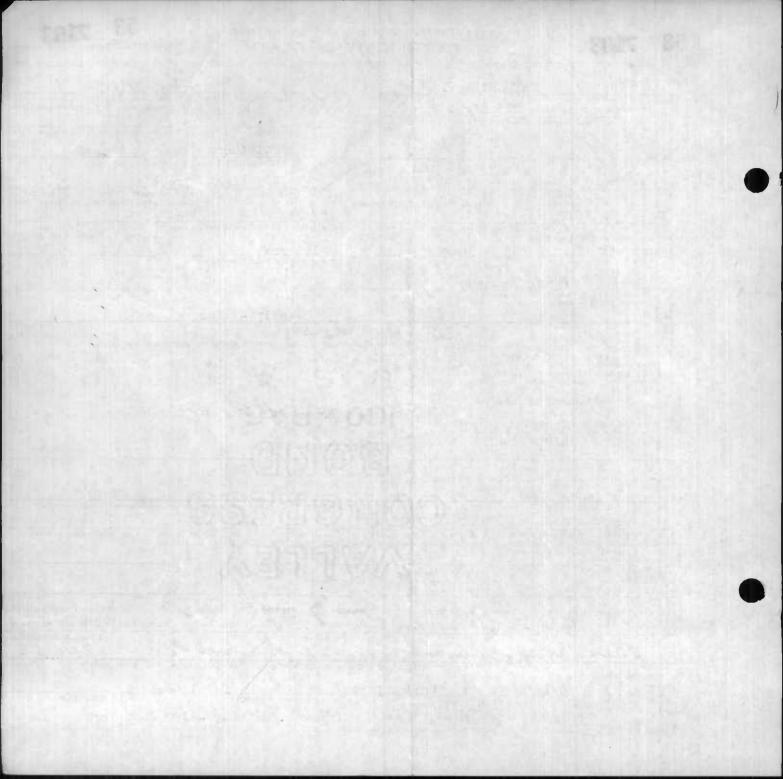
WHILE AT

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B. DATE

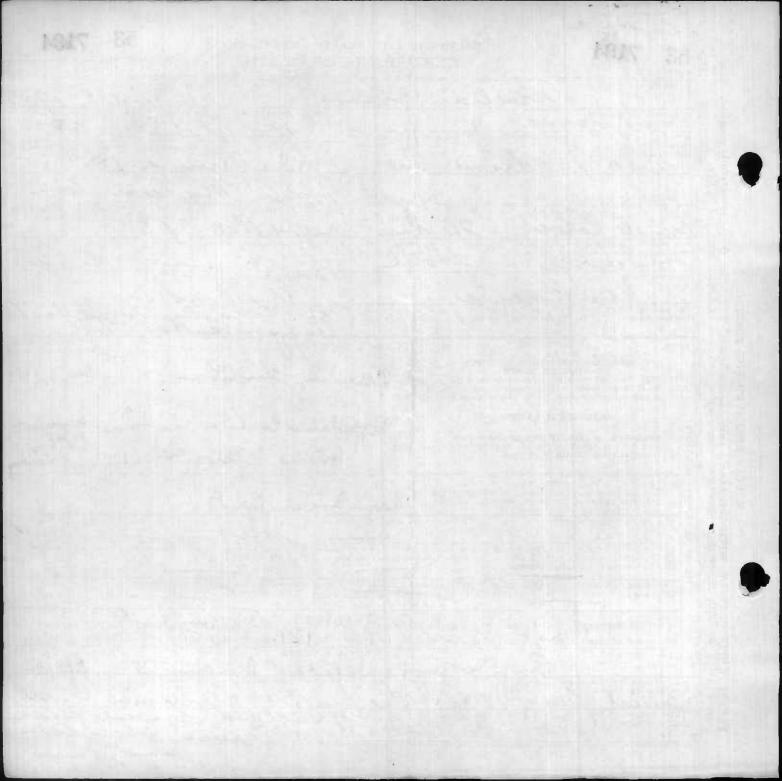
Baltimore Loudon Park ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Accally - I30 East Fort Avenue

VS 150

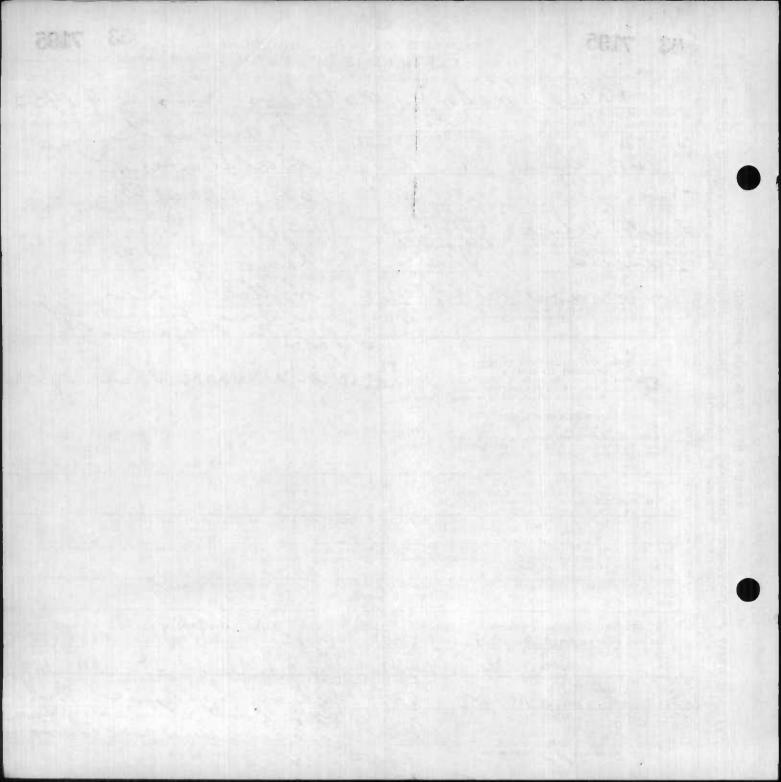
OF INJURY



	1		53	7404
	5	7 7194	REALTH DEPARTMENT Registered No	1.10x1
The	1	IRTH NO.	TE OF DEATH Registered No	
		(NAME OF DECEASED Cinelia La	WS DATE OF DEACHURA.	F 1953
supplied.	3.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived of inst	itution; residence before admission)
	B. HC	FULL NAME OF (If not in hospital or institution, give street address of location		rite RUEAL and give
carefully egibly.	IN	1426 Madien an.	Ballinure 1	1-0
carefu	M.	Yrs. Length of stay in Baltimore 39 Mos. Days	14/21 Madreau	are.
ld be		SEX 6. COLOR OR RACE 7. SINGLE, MARRIEN. WIDOMOD, DIVOMCED (Specific	8 DATE OF BIRTH 9. AGE (In years It Unde	s Days Hours Min.
on should	10 work	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTR		CITIZEN OF WHAT COUNTRY?
information s of death cle		3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	uea.
mat		Mulchaum	Makenaum	1.
nfor of c	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL es, 00 or uoknowo) (If yes, give war or dates of service) SECURITY NO.	Trovamant stading Law	155 Smith
em of i			Upper malond h	vel.
em		4011	OF DEATH	INTERVAL BETWEEN
very item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Dumbrais	Aug 8 1453
Ever		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		1
		ANTECEDENT CAUSES	A. t Cuada Vuscula Alian	huberon
INK.	NO.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		lut ton.
	CAT	UNDERLYING CONDITION LAST.	Arteris Actoris and Rendity	stabiling
ADIN cians:	Ē.	THE STATE OF THE S		•
UNFADING Physicians:	ERTI	DISEASE OR CONDITION CAUSING IT.	ic Interstul Nyphuts	
He 8	IL C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	OPERATION I DPERATION WAS RELATED TO CAUSE OF OEATH, ENTER IN PART I DR PART II	20. AUTOPSY?
ILY, WITH important.	DICA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, atreet, offi	(e.g., io or 21c. WHERE DID (If in Baltimore City, givice bldg., etc.) INJURY OCCUR?	e exact location)
npo.	ME	DEATH (NOTIFY MEDICAL EXAMINER)	RED 21F. HOW DID INJURY OCCUR?	
		OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! WHILE AT NOT WI WORK AT WO	HILE	6
PLAIN		22. I hereby certify that I attended the deceased from	uly 12 , 1953, to Aug 8 , 1953, t	hat I last saw the
TE 1		deceased alive on 8, 1953, and that death dec	curred at 30 P. m., from the causes and on the	date stated above.
WRITE ge is esp		23A. SIGNATURE Roll & Usum M. D.	1532 2 Min mount ST	8/8/53
SE W	2. TI		TERYOR CREMATOWY 240. LOCATION (City, town, or	county State)
PLEASE correct ag	K	SATE RECEIVED BY I RESISTRAR'S SIGNATURE	Mem. Hallmin	ODRESS LINE
PI		OCAL REGISTRAR	1631 Ormal Hil	1 all
	=	VS 150		
	11			



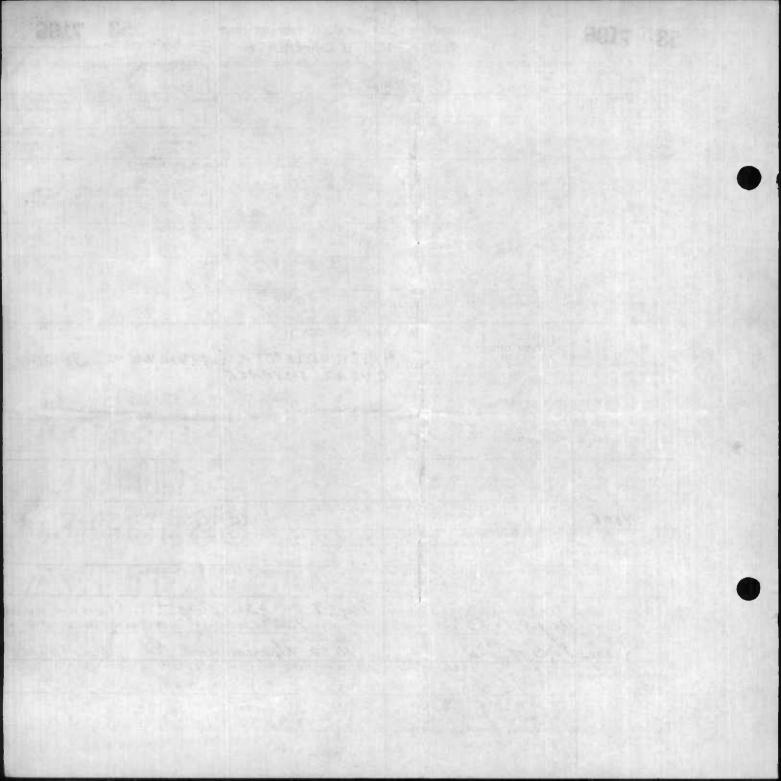
The	BI	M · 3 2 0 53 7195 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No
	(T	NAME OF SECRASED Sype or Print PLACE OF DEATH: Baltimore City, Maryland Nathlews A. USUAL RISIDENCE (Where deceased lived fr institution: desidence before admission)
efully surbly.	H	FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR ISTITUTION OF OUTSIDE OF ONE OF OUTSIDE OF OUTSIDE OF OUTSIDE OF OUTSIDE OF OUTSIDE OUT
uld be carefur and legibly.	1000	Length of stay in Baltimore 55 Mos. Days 6. COLOR OR RACE 7. SINGLE MARRY D. WIDOWED, DIVERCED (Specify)
information should be carefully supplied, sof death clearly and legibly.		SUAL OCCUPATION (Givekind of the days of strains of the deducing most of work of life, even if retired) 10. FATHER NAME 11. BIRTH LACE (State or foreign country) WHAT COUNTRY?
	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (a) no or unknown) (If yes, give war or dates of service) (S. SOCIAL SECURITY NO. FINANCE OF SECURITY OF
Every item of write the causes		CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) CAUSE OF DEATH (A)
UNFADING INK. Physicians: please	RTIFICATION	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)
UNFAD	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
WITH rtant.	EDICAL	19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19 OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OPERATION WAS RELATED TO CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (6. g., in or CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (6. g., in or CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)
ZA	W	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK T WORK
PLEASE WRITE PLA correct age is especiall		22. I hereby certify that I attended the deceased from M & 3, , 1953 to My 9, , 1953 that I last saw the deceased alive on him & , 1953, and that death occurred at 60, m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED
PLEASE correct ag	DI	AA. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24B. LOCATION (City, town, or country) ON REMOVAL (Specify) ATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE OCAL REGISTRAR OCAL
	≠	vs 150 0098W



1	71.96	BALTIMORE CITY HEA			3 7196		
BIRTH NO. CERTIFICATE OF DEATH Registered I							
	NAME OF DECEASED Vames			2. DATE OF DEATH	9/53		
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESID	DENCE (Where deceased lived, B. COUNTY	If institution: residence before admission		
IN	FULL NAME OF (If not in hospital operation) 35/5 Roland	location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and towns!				
A	Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3515 Roland are.				
-			8. DATE OF BIRT		Months Days Hours Min		
sark	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY		
13	FATHER'S NAME		14. MOTHER'S M	AIDEN NAME			
	Chas, W, H	udson	U	ukuown			
	. WAS DECEASED EVER IN U. S. ARMED F s, no or unknown) (If yes, give war or dates of	f service) SECURITY NO.	17. INFORMANT	3/ / 25/5	ADDRESS		
1	18. 1/221	2/7/-04-60/3 CAUSE O		Hudson 3515	INTERVAL BETWEE		
NOL	injury or complication which cau ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST	S (B) ANY, GIVING TATING THE DUE TO		TIL CARDIOVAS ASE			
ICA	UNDERCTING CONDITION LAST	(C)			EEVIT EVIT LINE OF THE STATE OF		
RTIF	II						
	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING I	LATED TO THE					
	TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B	LATED TO THE	RATION	IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	IN D		
DICAL C	TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B	LATED TO THE T. 3. CONDITION FOR WHICH OPE S. PERFORMED G 21B. PLACE OF INJURY (e., about home, farm, factory, atreet, office ble	g., in or 21c. WHI	CAUSE OF DEATH. ENTER PART I OR PART II ERE DID (If in Baltimore Cit	IN YES NO		
DICAL C	TO THE DEATH BUT NOT REIDISEASE OF CONDITION CAUSING I 19A. DATE OF OPERATION 19B WA 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	LATED TO THE T. 3. CONDITION FOR WHICH OPE S PERFORMED G 21B. PLACE OF INJURY (e. about home, farm, factory, atreet, office ble	g., in or 21C. WHI INJURY	CAUSE OF DEATH. ENTER PART I OR PART II ERE DID (If in Baltimore Cit	IN YES NO		
DICAL C	TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B NONE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (FOR INJURY) 22. I hereby certify that I atternal	LATED TO THE T. 3. CONDITION FOR WHICH OPE S. PERFORMED G 21B. PLACE OF INJURY (c. about home, farm, factory, street, office blows about home, farm, factory, street, street, street, street, street, street, street, street,	g., in or 21c. WHI dg.,etc.) INJURY	CAUSE OF DEATH. ENTER PART I OR PART II OR PART II OR CIT OCCUR? / DID INJURY OCCUR?	y, give exact location)		
DICAL C	TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B NONE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (FOR INJURY) 22. I hereby certify that I atternal to the contribution of the	LATED TO THE T. 3. CONDITION FOR WHICH OPE S. PERFORMED G 21B. PLACE OF INJURY (c. about home, farm, factory, atreet, office ble while at NOT WHILE AT NOT WHILE MORK anded the deceased from Andrew 19 3. and that death occurre 23	g., in or 21c. WHI dg.,etc.) INJURY	CAUSE OF DEATH. ENTER PART I OR PART II OR PART II OR CIT OCCUR? / DID INJURY OCCUR?	y, give exact location) that I last saw the date stated above 23c. DATE SIGNED		
MEDICAL	TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B NONE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (FOR INJURY) 22. I hereby certify that I attendereased alive on Aug 1,	LATED TO THE T. 3. CONDITION FOR WHICH OPE S PERFORMED G 21B. PLACE OF INJURY (c. about home, farm, factory, street, office blow MILE AT NOT WHILE MORK AT WORK 1953. and that death occurre 23	g., in or 21c. WHI de., etc.) INJURY 21F. HOV 21F. HOV 3 19 10 10 10 11 11 11 11 11 11 11 11 11 11	CAUSE OF DEATH. PART I OR PART II PRE DID (If in Baltimore Cit DOCCUR? V DID INJURY OCCUR? Of to form the causes and on	y, give exact location) 33, that I last saw to the date stated above 23c. DATE SIGNED AMPLION 1953		
MEDICAL C	TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B NONE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (FOR INJURY) 22. I hereby certify that I attendereased alive on 1999, 23A. SIGNATURE	LATED TO THE T. 3. CONDITION FOR WHICH OPE 3. CONDITION FOR WHICH OPE 3. SPERFORMED G 21B. PLACE OF INJURY (c. about home, farm, factory, atreet, office blow home) WHILE AT NOT WHILE AT WORK M. D. 13 24C. NAME OF CEMETER 3. AND OPEN	g., in or 21c. WHI INJURY 21F. HOV	CAUSE OF DEATH. ENTER PART I OR PART III OR PART III OR PART III ORCCUR? V DID INJURY OCCUR? V DID INJURY OCCUR? V 19 24D. LOCATION (City. tow	y, give exact location) 33, that I last saw t the date stated about 23c. DATE SIGNE		

VS 150

39041



MARGIN RESERVED FOR BINDING

(T;	NAME OF D	BAF	RBARA	KLUNI	K	OF Augu	st 9, 1953
Α.		City, Maryland			A. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived, I B. COUNTY	f institution : residence before admis
HC	FULL NAME OSPITAL OR ISTITUTION		tal or institution, give street ad prial Hospital	ocation)		f outside corporate lim	its, write RURAL and town
c.	Length of s	tay in Baltimore	16	Yrs. Mos. Days	5714 W. Green		e
5.	female	6.COLOR OR RACE white	7. SINGLE. MARRIED, WIDOWED DIVORCED Single	(Specify)	s. date of birth July 19	9. AGE (In years last birthday) M	If Under 1 Year If Under 24
work	done during most o	CUPATION (Give kind of f working life, even if retired)	Sientific No.	Les ea	11. BIRTHPLACE (State or for Penns	a •	12. CITIZEN OF WHAT COUN
13	FATHER'S N				14. MOTHER'S MAIDEN N.	AME .	
15		J. Klunk D EVER IN U. S. ARME	D FORCES? 16. SOCIAL		Hilda Hyde		
(Yes	NO or unknown)	D EVER IN U. S. ARME (If yes, give war or date	213-SECURITY	V NO	Albert J. Klu		ADDRESS
	(This does heart failu injury or	S. L. I SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which	DIRECTLY ATH of dying, e.g., ans the disease, caused death.)	ull F	racture		INTERVAL BETT ONSET AND D
ICATION	OISEAS (This does heart failu injury or	DE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me- complication which ANTECEDENT CAU GOR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L	DIRECTLY ATH of dying, e.g., ans the disease, caused death.) SES (B) Mu (B) Mu (B) Mu	ull F	OF DEATH	Abrasions	INTERVAL BETY ONSET AND D
RTIFICATIO	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A)	DIRECTLY ATH of dying, e.g., ans the disease, caused death.) SES IF ANY, GIVING STATING THE AST. (C) AM ITIONS CON. NOT RELATED	ull F	racture e Contusions and	Abrasions	INTERVAL BETY ONSET AND D
TIFICATIO	OTHER STRIBUTING	BE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU SOR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	DIRECTLY ATH of dying, e.g., ans the disease, caused death.) SES IF ANY, GIVING STATING THE AST. (C) AM ITIONS CON. NOT RELATED	ull Fr	racture e Contusions and ion of Left Leg	Abrasions	ONSET AND D
DICAL CERTIFICATIO	OTHER STRIBUTING TO THE DISA DATE OUNDERLY	BE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU GOR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	DIRECTLY (TH of dying, e. g., ans the disease, caused death.) SES (B) MU ITIONS CON- NOT RELATED N CAUSING IT. 19B. MAJOR FINDINGS OF 21B. PLACE OF INJURY about home, farm, factory, street, of	ltiple putat	racture e Contusions and ion of Left Leg	Abrasions If in Baltimore City,	20. AUTOPS
DICAL CERTIFICATIO	OTHER STRIBUTING TO THE OF INJURY	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU GOR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L III IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION F OPERATION ING CONTRIB- AUSE OF DEATH Month) (Day) (Year 8-9-53 9:00	DIRECTLY (TH of dying, e. g., ans the disease, caused death.) SES (B) MU ITIONS CON- NOT RELATED N CAUSING IT. 19B. MAJOR FINDINGS OF 21B. PLACE OF INJURY about home, farm, factory, street, of Street (G) WHILE AT NO	ltiple putati opera (e.g., in edicobldg., etc.)	e Contusions and ion of Left Leg or 21c. WHERE DID (1) INJURY OCCUR? 1700 block F	Abrasions If in Baltimore City, alls Road tffffk parked	20. AUTOPS YES No give exact location)
EDICAL CERTIFICATIO	OTHER STRIBUTING TO THE OF INJURY	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU GOR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L III IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION F OPERATION ING CONTRIB- AUSE OF DEATH Month) (Day) (Year 8-9-53 9:00	DIRECTLY (TH of dying, e. g., ans the disease, caused death.) SES (B) MU ITIONS CON- NOT RELATED N CAUSING IT. 19B. MAJOR FINDINGS OF 21B. PLACE OF INJURY about home, farm, factory, street, of Street (G) WHILE AT NO	ltiple putati opera (e.g., in edicobldg., etc.)	e Contusions and ion of Left Leg TION or 21c. WHERE DID (1) 1010 DIOCK F 2 Controllock F Passenger on m	Abrasions If in Baltimore City, alls Road tfück parked boorcycle th	20. AUTOPS YES No sive exact location) car thereon and f
EDICAL CERTIFICATIO	OTHER STRIBUTING TO THE DISEASE OT THE DISEASE OF T	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU GOR CONDITIONS, HE ABOVE CAUSE (A) TING CONDITION L IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION F OPERATION ALL CAUSE WAS GOR CONTRIB- AUSE OF DEATH Month) (Day) (Year 8-9-53 9:00 Ty that I took cha dence obtained by The operation of the control of the control The contr	DIRECTLY (TH of dying, e.g., ans the disease, caused death.) SES (B) MU ITIONS CON. NOT RELATED N CAUSING IT. 19B. MAJOR FINDINGS OF 21B. PLACE OF INJURY about home, farm, factory, street, of Street (G) AM 21B. PLACE OF INJURY (D) (Hour) 21E. INJURY OF	Itiple Putati (e.g., in combide, etc.) CCURRETORY WHILE X ribed abon or In	e Contusions and ion of Left Leg Tacture e Contusions and ion of Left Leg Ton Of Left Le	Abrasions Abrasions Alls Road Crack parked Actor y cle th On & inquiry Inspection or Inquiry eccased died on t homicide [],	20. AUTOPS YES NO give exact location) car at went out thereon and fine day stated all undetermined
EDICAL CERTIFICATIO	OISEASE (This does heart failu injury or DISEASES RISE TO TUNDERLY OTHER STRIBUTING TO THE DISEASE TRIBUTING THE DISEASE	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU GOR CONDITIONS, HE ABOVE CAUSE (A) TING CONDITION L IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION F OPERATION ALL CAUSE WAS GOR CONTRIB- AUSE OF DEATH Month) (Day) (Year 8-9-53 9:00 Ty that I took cha dence obtained by The operation of the control of the control The contr	DIRECTLY (TH of dying, e.g., ans the disease, caused death.) SES (B) MU SES (B) MU SES (C) AM STATING THE AST. (C)	Itiple putati (e. g., in office bldg., etc CCURRET OT WHILE Tribed ab on or In causes	e Contusions and ion of Left Leg 21c. WHERE DID 11JURYO OCCUR? 14700 block F 2 conteron motore, held an inspection of the said de la conteron motore, find that said de la conteron motore, suicide l	Abrasions Abrasions Abrasions Calls Road Concepte the	20. AUTOPS YES NO give exact location) car at went out thereon and fine day stated all undetermined 36. DATE SIGNED 37. DATE SIGNED 36. DATE SIGNE

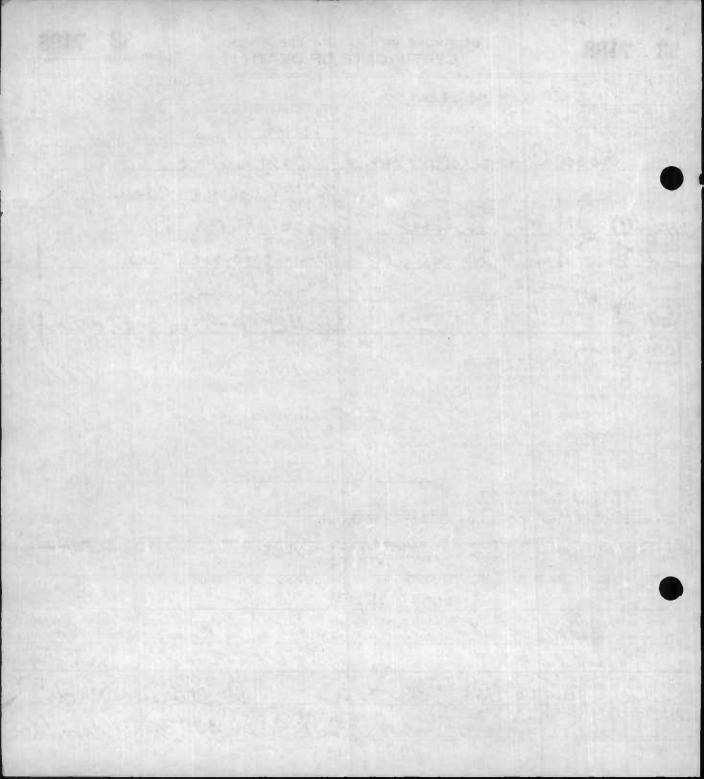
and the state of t

53 7198

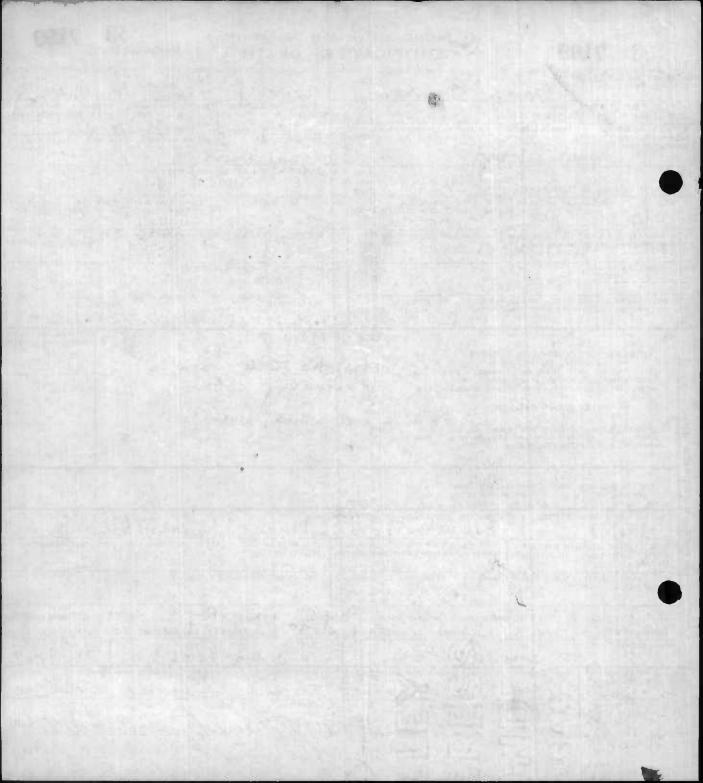
BALTIMORE CITY HEALTH DEPARTMENT

53 7198 Registered No.

	RTH NO.	OUR 1			CERTIFICAT	E OF DEAT	H	Registered N	0
1.	NAME OF			1 2	01.		2	2. DATE	V
	ype or Prin	11110	Blanch	re D.	Kobinson			DEATH Chage	157 9 1953
	PLACE OF Baltimor		Maryland			A. STATE	DENCE (When	re deceased lived If i	nstitution : residence before admission)
В.	FULL NAM	ME OF		l or instituti	ion, give street address o location				
IN	STITUTIO	N dolar	10	0.	1 h/a	c. CITY OR TOWN	N (If out	side corporate limits	write RURAL and give township)
+		VYO	उद्ध ८०-५	vare	ACCUP HOW.	D. STREET ADDR	ESS (If rur	al, give location)	000
c.			Baltimore		12 Mos.	2747	61	oudson) Cive
7	SEX	0 6.00	White	7. SINGLE	E. MARRIED, YED, DIVORCED (Specify	Qua 10,	871	AGE (in years I Mor	Under Year Under 24 Hours ths Days Hours Min.
10	A. USUAL	OCCUPAT	ION (Give kind of life eyed if raired)	10B. KIND		11 BARTHPLACE	(State or forei	gn country.	12. CITIZEN OF
WOLK		ouse.	Avie.	ax	Noustr's	Young	stown	cohio	WHAT COUNTRY
13	FATHER	SNAME	1			14 MOTHER'S M.	AIDEN NAMI	E	
		L	Joyle	_		1 mi	kuo	, מילנו	
15 (Yes	. WAS DECE	ASED EVER	R IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	0	AC	PRESS 29
Ì					ozoomii no.	Lucille.K	. Holt	DAD 505	Edgewood St
	18. 3 1	31X			CAUSE	OF DEATH	,		TERVAL BETWEEN
	DIS	EASE OR	CONDITION	DIRECTLY	1	/	1 1	1.1	6
		does not m	ING TO DEAT	f dying, e. g	5., (A)	brovascula	78 //CC	OPN/	18 hrs.
	heart f injury	or compl	enia, etc. It mear leation which c	ns the diseas aused death	e, i.) DUE TO				
		ANTE	CEDENT CAUS	ES	1	Levioscler	2054.0		7
Z					(B)	/ € 7703(€ 7	047 J		h
TION	RISE T	O THE ABO	ONDITIONS, IF	STATING TH					
	UNDE	RLYING	CONDITION LA	ST.					
트			п		(C)				
ERTIFICA			ICANT CONDI						
C	TO TH	E DISEASE	OR CONDITION	CAUSING I	T				
4	19A. DAT	E OF OPE	RATION 19	B. MAJOR	FINDINGS OF OPE	RATION			20. AUTOPSY?
O	214 ACC	IDENT, SI	HCIDE	218 PLA	ACE OF INJURY (e. g.,	in or 21c. WHERE	DID (If is	n Baltimore City, g	YES NO
EDICA	HOMICIE	E (Spe	cify)	about bome, f	arm, factory, street, office bldg.	etc.) INJURY OCC		Duramore Origing	ive exact locations,
Σ	2 TIMI	F (Month)	(Day) (Year)	(Hour) 1:	21E. INJURY OCCURE	RED 21F, HOW DII	D INJURY O	CCUR?	
	וענעו	RY			WHILE AT NOT WHILE				
				m.	WORK AT WORK	VE	7 6	a .53	
		/)	/4 0/		deceased from		, to clean		, that I last saw the
	23A. SIG	d alive on	Cue 11	, 1930	and that death occu	23B. ADDRESS	i., from the	causes and on th	e date stated above. 23c. DATE SIGNED
		sles	Ci. Upa	elm	м. р.	1039 1	. Jun	ext	aug 9 1953
24 TV	A. BURIA	L, CREMA- L(Apecify)	24B. DATE	1.	24C. HAME OF CEMET	ERY OR CREMATORY	24b. LOC	ATION (City, town,	or county) (State)
1	Turio	el	kug/2.	11953	Wester	N	1 dal	timore	nide
LC	CAL REG	VED BY	REG TRAR'S	SIGNATU	A/III OF O	25. FUNERAL DU	RECTOR	311 Ed	ADDRESS
==	VS 150	1 1397	1 tonce	10	Thrown 1	onus. Teu	yel a	11 camos	ason col
	12 12(1 /		U		



2) 13-65-6 BALTIMORE CITY HE CERTIFICATE CERTIFICATE	75.00
1. NAME OF DECEASED (Type or Print) Max Bernhaut 3. PLACE OF DEATH:	(Bernhard) 2. DATE OF DEATH True 9, 1553 4. USUAL RESIDENCE (Where deceased lived If institution: residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Ongth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	o. STREET ADDRESS (If rural, give location) 423 S. Vincent St
WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	8. DATE OF BIRTH July 4, 1900 9. AGE (in years library) Months: Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Bernhard	Balto.Md. 14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowe) (If yes, give war or dates of service) 215 05 3429]	17. INFORMANT ADDRESS Ars. Gertrude Bernhard, 423 S. Vincent
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER 218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	21c. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED MAILE AT WORK MILE AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on the 5, 1953 and that death occur 23A. SIGNATURE	The signed of the state of the
DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 25/FUNERAL DIRECTOR ADORESS ADORESS
vs 150 5/5	24 au.

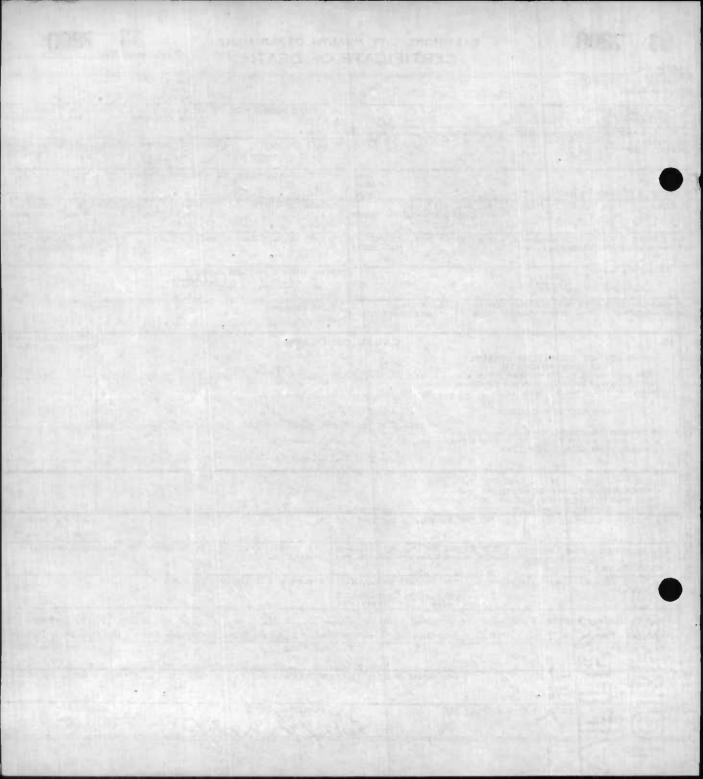


53 7200

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

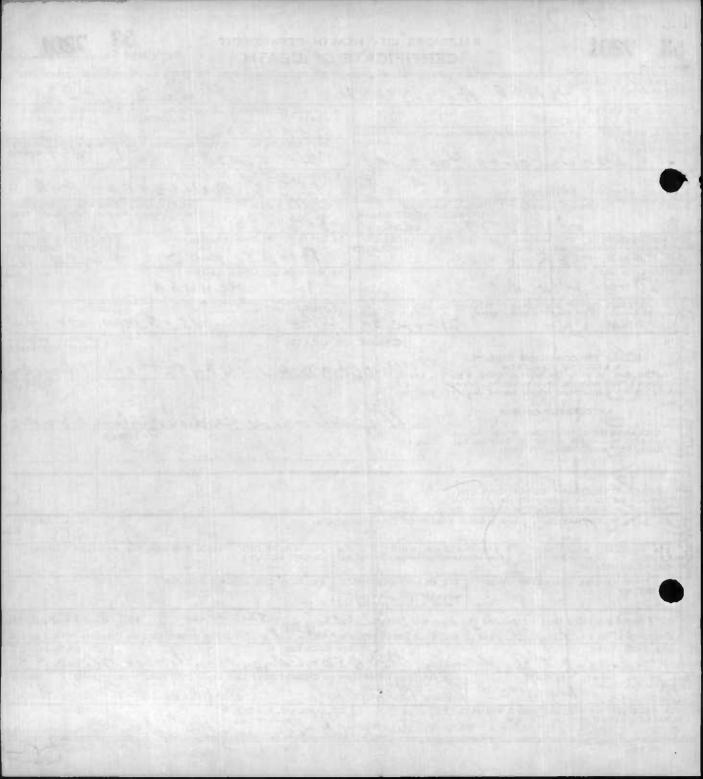
53 7200 Registered No.

BIRTH NO.				- O DEI. () .		
1. NAME OF DECE (Type or Print)		Lora	Suter		2. DATE OF DEATH A	ug. 9/53
3. PLACE OF DEAT a. Baltimore City b. FULL NAME OF	, Maryland	al or instituti	on give street addresser	4. USUAL RESIDENCE (V A. STATE		
	22 S. Atho		nome	Baltimore	20-	its, write RURAL and give township)
c. Length of stay		Lif	Yrs. Mos. Days	22 S. Athol	AVE .	
Female W	hite	WIDOW	MARRIED. ED. BIVORCED (Specify)	May 9,1880		if Under 1 Year If Under 24 Heurs Ionths Days Hours Min.
OA. USUAL OCCUP ork done during most of wor None	PATION (Give kind of rking life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	Balto. Md.	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Becker			Christiana		
15. WAS DECEASED E Yes, no or unknown) (VER IN U.S. ARMEI If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Fredericka,		ol Ave
injury or com ANT DISEASES OF RISE TO THE A UNDERLYING OTHER SIGN TRIBUTING TO	usthenia, etc. It mean polication which continued to the conditions, in above cause (A) is conditional to the conditional true death, but the death, but	eaused death SES F ANY, GIVIN STATING TH ST. TIONS CON	G (B) G DUE TO (C)	and for	Dagener	20
19A. DATE OF O	PERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT LYING OR CO CAUSE OF DEA	T WAS UNDER- ONTRIBUTING		CE OF INJURY (e. g., it arm, factory, street, office bldg., e	n or 21C. WHERE DID (I	If in Baltimore City,	
P. TIME (Mor	nth) (Day) (Year)	v	VHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	r occur?	
	on France	19.53	deceased from Jand that death occur M.D. M. D. M. A. D. M.	3B. ADDRESS RY OR CREMATORY 24D. L		that I last saw the the date stated above. 23c. DATE SIGNED 23c. (State)
DATE RECEIVED B LOCAL REGISTRAF ALIG 1 110		S SIGNATU	RE WILLIAM SA	anny H. Aud	4101 Ed	ADDRESS Mondson Ave
VS 150		A		6		



L		52	-0								
5 BIR	3 72 TH NO.	201		ВА			E OF DEAT		Registered	3 d No	7201
	IAME OF I		HOMA	5 A	2. LY	NCH	4		2. DATE OF DEATH 8	-9	- 53
	LACE OF I		aryland				4. USUAL RESIDE	ENCE (Wh	ere deceased lived. B. COUNTY	. If insti	tution: residence before admission)
	ULL NAME	OF (If not in hospit	al or institu	tion, give street	address or location)	C. CITY OR TOWN	AND	staide corne ata la	mit v	it RURAL and give
INS	TITUTION	Bon	Secon	2151	405 pi	tal	BALT	IMON	PE for	Mark.	(ownship)
			Baltimore		55	Yrs. Mos. Days	D. STREET ADDRE		ral, give location) N 45 T 1		AVE
5.5	M S	6.COL	OR OR RACE		E. MARRIED. VED, DIVORCE	ED (Specify)	3-3/- 1	98	9. AGE (in years last birthday)		Days Hours Min.
10A ork d	USUAL OC one during most	of working	ION (Give kind of life, even if retired)	10s. KIN	D OF BUSINE	SS OR NDUSTRY	11. BIRTHPLACE (S	State or fore			CITIZEN OF WHAT COUNTRY?
13.	JO H		LYNCH					IDEN NAM	1E		
Yes,	WAS DECEAS	ED EVER	IN U. S. ARMED	FORCES? of service)	16. SOCIAL SECURI 2/1-03-	ITY NO.	17. INFORMANT Wife		1535.1	ADDR 10NA	
	18. 42	0.1				CAUSE	OF DEATH				INTERVAL BETWEEN
		LEADI	CONDITION NG TO DEAT	H	/	4 YAC	4RDIAL	INF	BACTIC	Me	1 Haug
	heart fail	ure, asthe	an the mode o nia, etc. It mca ation which c	ns the diseas	se,						
			EDENT CAUS			11	+ .	0	/		
Z	DISEASE	S OR CO	ONDITIONS, II	ANY, GIVI	(B)	7912	entensiva	e Can	dio Vasca	las	14GAR
F			VE CAUSE (A) ONDITION LA								
- 1					(C)	***************************************					
2			CANT CONDI E DEATH, BUT							u e	
5 _	TO THE D	DISEASE	OR CONDITION	CAUSING	FINDINGS	OF OPER	ATION				20. AUTOPSY?
AL.	ISA. DATE	OF OFE		9B. MAJOF	- FINDINGS	OF OPER	ATTON				YES NO
NEDIC		R CONT	AS UNDER-		ACE OF INJU farm, factory, stree			ID (If	in Baltimore City	y, give	exact location)
2 -	P. TIME		(Day) (Year)	(Hour)	21E. INJURY			YAULNI	OCCUR?		
				m.		NOT WHILE		- 1		- >	
					deceased fr and that de		red at 839 Pm				at I last saw the ate stated above.
	23A. SIGNA		100	, 10	- and that do		3B. ADDRESS	, jrono croc	1/		C. DATE SIGNED
244	BURIAL	CREMA-	248, DATE	. 1	24c. NAME OF	M. D.	508 Edmo	240. LO	CATION (City, to	2 70	ounty) (State)
TIES	Dured	Specify)	Avg. 13,19	153	new Ca	thed	ral	Bal	Timare	3	aryland
	E RECEIVI		REGISTRAR'	S.SIGNAT	UREALING	()	25 FUNERAL DIR	ECTOR	10	AD	DRESS
	WG 1 1	1059	Humi	mylou	· White	Colon 1	& Trun	ran	Dahu	ab	
	VS 150					574	24 3512	- Fre	derick	an	rf.

-



MARGIN RESERVED FOR BINDING

3-	6	5
72	02	

VS 150

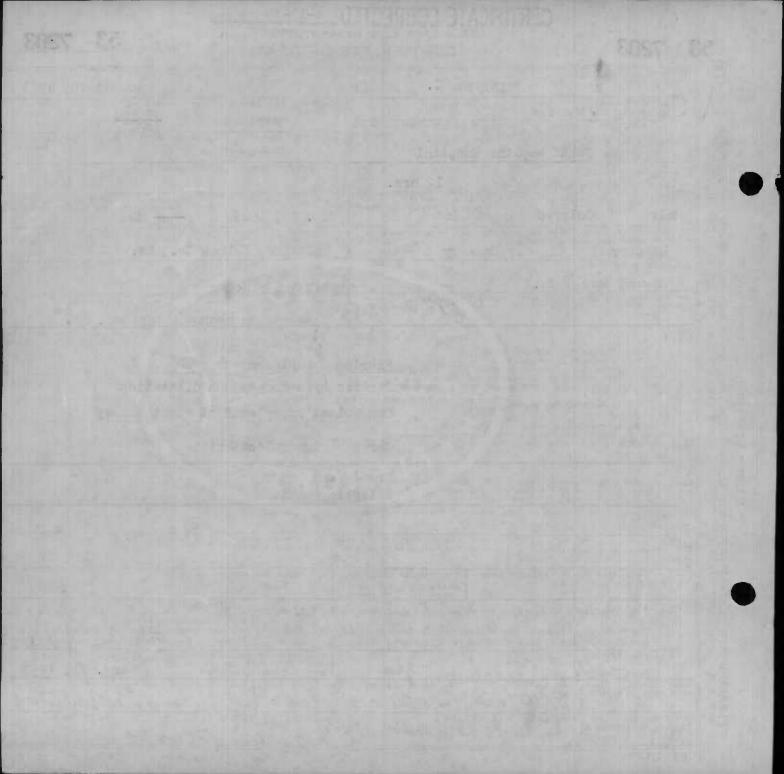
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	7202
egistered	No.	1200

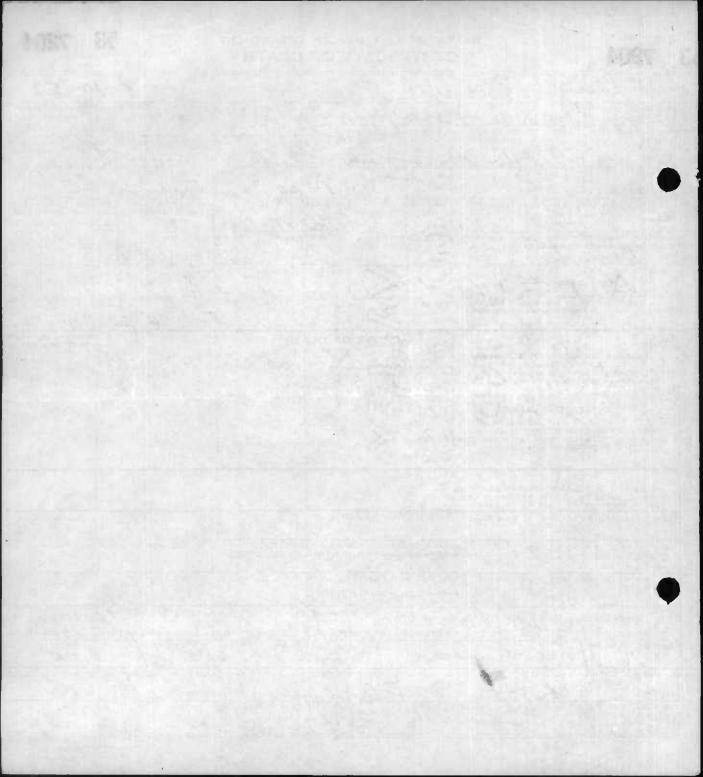
	BIRTH NO.			CERTIFICATI	E OF DEAT	"H	Registe	red No.		
1	. NAME OF D Type or Print)	ECEASED	Mary	Brown		2	OF DEATH	Augus	t 9, 19	53
1		City, Maryland			4. USUAL RESID		re deceased liv B. COUN		tution : resid before adi	
11 1	B. FULL NAME HOSPITAL OR NSTITUTION	of (If not in hospi		ion, give street address or location)	c. CITY OR TOW	Balto.	side corporate	o mits w		and give wnship)
	. Length of s	tay in Baltimore		? Yrs. Mos. Days	D. STREET ADDR	ress (If rur	al, give locatio	on)		
	F. SEX	6.COLOR OR RACE	MIDOM	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRT 1880	Н 9	last birthda;	y) Months	Days Hour	er 24 Kours 's Min.
1 we	OA. USUAL OC ork done during most of	CUPATION (Give kind of which the control of which the centered	10B. KINE	O OF BUSINESS OR APPRISON OF BUSINESS OR	11. BIRTHPLACE	(State or foreign Va.	gn country)	12.	CITIZEN O	F JNTRY?
1	3. FATHER'S N	NAME Henry Washing	ton		14. MOTHER'S M	AIDEN NAM	E			
O	5. WAS DECEASI	ED EVER IN U.S. ARME (If yes, give war or det	D FORCES?	16. SOCIAL SECURITY NO. none	17. INFORMANT	John Bro	wn1117 (ADDR		
PTELOATION	(This does heart failu injury or	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS. HE ABOVE CAUSE (A) VING CONDITION L	TH of dying, e. 1 ans the diseas caused death SES IF ANY, GIVIN STATING TH	e, DUE TO	wasy 6	Jimls	ن			
FETTE	DISFASE	II NIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSIN	RELATED TO							
IA	19A. DATE C		MAS PERFO	TION FOR WHICH OF	PERATION	CAUSE OF PART I OR	OEATH. ENT	TER IN	YES T	NO
DICIE DICE	OR CONTRIE DEATH (NOT	ENT WAS UNDERLY BUTING CAUSE O IFY MEDICAL EXAMIN	F ebout	. PLACE OF INJURY (home, farm, factory, atreet, office		RE DID (If	in Baltimore	City, give	e exact locat	ion)
2	21D. TIME (OF INJURY	Month) (Day) (Year	(Hour) m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	E	אטנאו סוס א	Y OCCUR?			31
	deceased a	TURE		and that death occur	3B ADDRESS	3, to 8, i., from the		on the d	tat I last stated	above.
	24A BURIAL.	CREMA- 248 DAYE 1917) 8/13/	53	24c. NAME OF CEMETE Mt Auburn			ATION (City,	, town, or/c		(State)
	DATE RECEIVE	RAR 1	SSIGNAT	JRE .	Geo G	Kelson	1303 Pr	resstm	an St.	

. N. Contail VIII TILL CHE COLL . . It is a second to the second to the second

Registered 26 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) EDWARD HORSEY August 10, 1953 DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY Oalvert before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION carefully Johns Hopkins Hospital Sherwood D. STREET ADDRESS (If rural, give location) Yrs. Mos. 12 hrs. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years | H Under | Year | H Under 24 Hours | last bighday) | Months Days | Hours | Min. and WIDOWED, DIVORCED (Specify) Male Colored on should clearly an Single Feb. 19 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? McDaniel Talbot Co. . . d. aborer Cannery information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edw rd Horsey Sr. Katherine Hohney BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES! ADDRESS Katherin Hohney. Sherwood causes jo INTERVAL BETWEEN CAUSE OF DEATH 401,0 iten ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH (This does not mean the mode of dying, e.g., Fibrinous pericarditis heart failure, asthenia, etc. It means the disease, RESERVED Write injury or complication which caused death.) Cardiac hypertrophy and dilatation ANTECEDENT CAUSES Congenital hypoplasia of right kidney INK. please ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic glomerulonephritis UNFADING Physicians: U RTIFIG 11 Uremia and OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Aplastic anemia TO THE DISEASE OR CONDITION CAUSING IT ш U 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY WITH DICAL WRITE PLAINLY, WITH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING OR CONTRIB UTING [] CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🕃 accident 🗌, suicide 🔲, homicide 🔲, undetermined 🗀. 23A. SIGNATUR 23B. CHIEF MEDICAL EXAMINER.....] 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR PLEASE correct ag 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) 24B, DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2, DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Leigth of stay in Baltimore Days 5. SEX AGE (Ly years | N Under 1 Year | N Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOMOR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign equntry) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 00, 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from . that I last saw the deceased alive on . and that death occurred at m., from the fauses and on the date stated above. 23A. SIGNATIONE 23c. DATE SIGNED ADDRESS 24A. BURIAL, 24c. NAME OF CEMETERY TION, REMOVAL (Specify DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

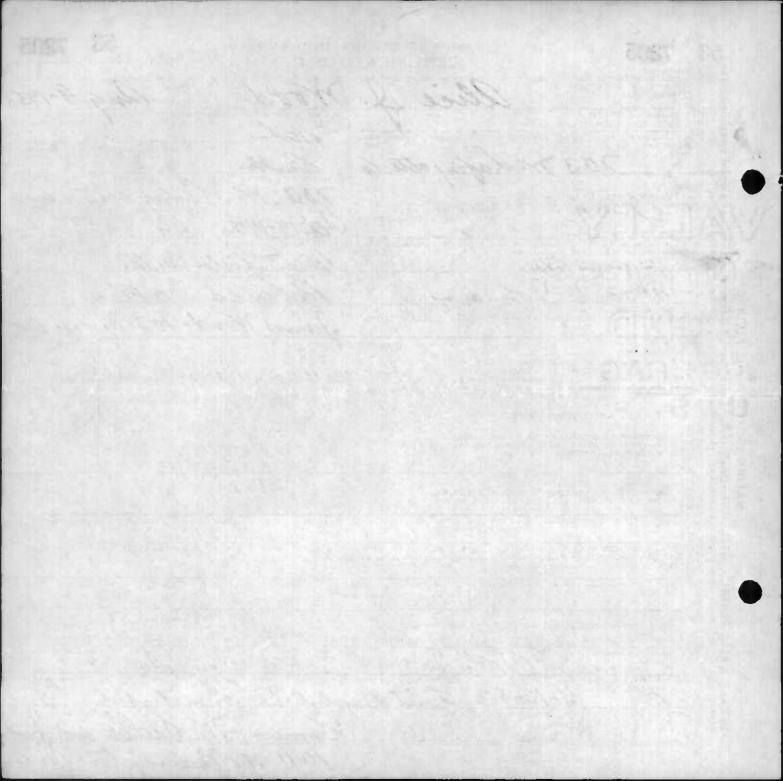


W-	3	0	0
720)5		

BALTIMORE CITY HEALTH DEPARTMENT

	53	7205
egistered	No_	1400

BIRTH NO.	3 4	CERTI	FICATE	OF DEA	TH Registered	No.
	F DECEASED	alice	9.	Wood	L 2. DATE OF DEATH	ng. 9-1453
3. PLACE C	F DEATH: re City, Maryland		V	4. USUAL RESI	DENCE (Where deceased lived, II B. COUNTY	in titution: residence before admission)
	ME OF (If not in hospital	or institution, give stre	1 42 1	c. CITY OR TOV	VN (If outside corporate limi	ts, white RURAD and give township)
611	103 m.	x afray of	a G	D. STREET ADD	ORESS (If rural, give location)	
c. Length	of stay in Baltimore		Mos. Days	71.3	W. Latane	the lane
5. SEX		7. SINGLE, MARRIED WIDOWED, DIVOR	D. 1	THE OF BIR	9. SE (In cars last birthday) M	n Under I Year' M Under 24 Rours onths Days Hours Min.
10A. USUAL	OCCUPATION (Givekind of	10B. KIND OF BUSIN		11. BIRTHPLACE	E (State or Foreign Country)	12. CITIZEN OF
74	most of working life, even if retired)		INDUSTRY	Okeste	field Co.Va.	WHAT COUNTRY?
13. FATHER	sage los	main		14. MOTHER'S I	erra mill	Test .
15. WAS DEC (Yes, no or unkr	EASED EVER IN U.S. ARMED own) (if yes, giv war or dates of	FORCES? 16. SOCIA	RITY NO.	17. INFORMANT	Word-703 5	To Lafe Or
18. 4	43X .		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION D	IRECTLY	Neces	1	· M. h.	1 2.
heart	does not mean the mode of failure, asthenia, etc. It means or complication which ca	dying, e. g., (A) .s the disease,		es viene	wy wars vesses	Carrier C
	ANTECEDENT CAUSE	s	0			
	ASES OR CONDITIONS, IF	ANY, GIVING	A.	***************************************		
A OHO	TO THE ABOVE CAUSE (A) SERLYING CONDITION LAS	г.	. 44	************************		
OTHER	11			1 1 2 3		
1 1 1	SIGNIFICANT CONDITIONS CONTINUES OF THE PROPERTY OF THE PROPER	LATED TO THE	<i>H</i>	•••••		
19A. DA		B. CONDITION FOR AS PERFORMED	775		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER PART I OR PART II	IN YES NO
OR CON	CIDENT WAS UNDERLYIN IRIBUTING CAUSE OF NOTIFY MEDICAL EXAMINER	about bome, farm, fact	FINJURY (e. pory, street, office ble	g., in or 21c, WH	ERE DID (If in Baltimore City, OCCUR?	, give exact location)
210. TIM	E (Month) (Day) (Year) (RY	Hour) 21E. INJUR	NOT WHILE		W DID INJURY OCCUR?	•
22. I h	reby certify that I atte	nded the deceased	from	7-17-, 19	5210 8-9-19V	I that I last saw the
decease	d alive on 8-9-		leath occurr		m., from the causes and on t	he date stated above.
23A. SI	MATURE	Water deby	23	7034	1. Lalauettalline	8-10-13
24A. BURI.	AL (Specify)	Z4QYNAME	OF CEMETER	Y OR CREMATOR	240. LOCATION (City, town	, or county) (State)
13	7-10-	53 Fm	T Bay	stirt (e.	Ohesterfe	eld-Va
LOCAL REC		SIGNATURE	4,113	Samue	el W. Ault	WAN W
VS 15				1011	n DD	took
II.			100	1011	M. Chlung	in our



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 7206

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF (Type or Print) H. MILTON August 9, 1953 BROWN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, vrite RURAL and give C. CITY OR TOWN St. Joseph's Hospital INSTITUTION township) legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4611 Kavon Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) last birthday) Months: Days Hours; Min. male white married July 21, 1912 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired. WHAT COUNTRY INDUSTRY Bethlehem Steel Machinist, Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Brown Elsie May 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Mrs. Irene D. Brown, 4611 Kavon Ave. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Asphyxiation due to hanging (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, XXXXXX injury or complication which caused death.) ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. INJURY OCCUR? 4611 Kavon Avenue UTING IT CAUSE OF DEATH. home 21F. HOW DID INJURY OCCUR? OF INJURY 8-9-53 2:30 P. 21E. INJURY OCCURRED NOT WHILE hanged self by electric cord 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 12 1953 St. Cemetery Marvis Aug. Hampden. Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 28. FUNERAL DIRECTOR LOCAL REGISTRAR willington onard Ruck. 5305 Harford Road

should be early and information shous of death clearly causes of item Every ite INK. UNFADING Physicians: 1 WITH important. PLAINLY, especially WRITE age PLEASE correct

151

supplied.

carefully

BINDING

FOR

RESERVED

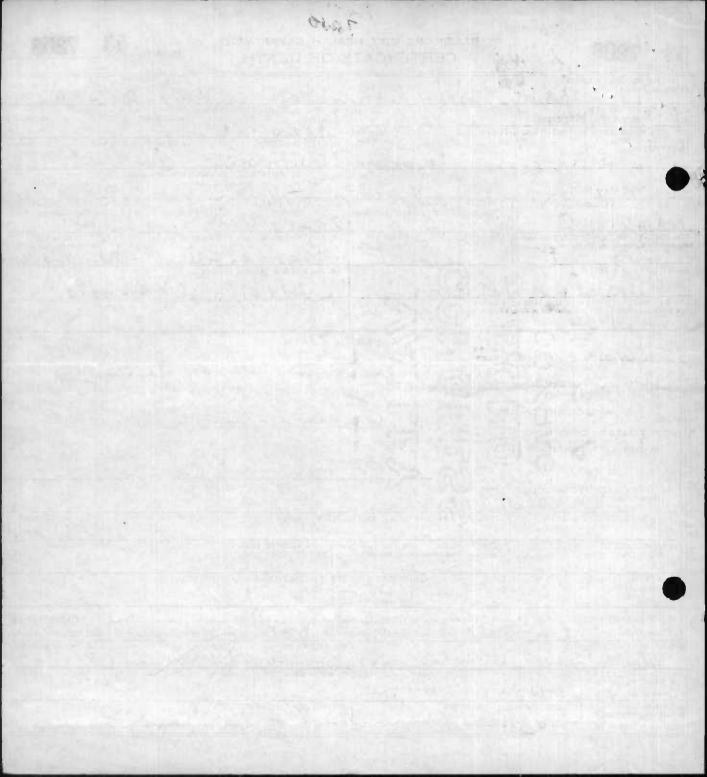
MARGIN

1 8 34 , 42 HOLD A STATE OF THE PARTY OF THE PAR

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH The BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE A. Baltimore City, Marylan B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institut on, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give carefully JOHNS HOPKINS HOSPITAL INSTITUTION legibly. Yrs. Mos. c Length of stav in Baltimore Days 6 COLOR OR RAGE 7. SINGLE, MARRIED AGE (In years If Under 1 Year death clearly and in 1 | rthday) | Months Days | Hours | Min. OWED DIVORCED information should 108. KIND OF BUSINESS OR CITIZEN OF orking life, even if retired) INDUSTR WHAT COUNTRY MAIDEN NAME BINDING of 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yee, give war or dates of service) NS HOSPITAT SECURITY NO causes of INTERVAL BETWEEN 18. CAUSE OF DEATH item FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING 10IT RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. d UNFADING Physicians: p RTIFICA MARGIN 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ш OR ASST MEDICAL EXAMINER. DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WITH WAS PERFORMED EDICAL CAUSE OF DEATH, ENTER IN important. PART I OR PART II 21C. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e. g., in or OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY. 210 TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED PLEASE WRITE PLAIN correct age is especially OF INJURY WHILE AT NOT WHILE WORK AT WORK 19___, that I last saw the 22. I hereby certify that I attended the deceased from and that death geturred at deseased alive on from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 8-11-24C. NAME OF CEMETERY OR CREMAN (City, town, or equnty) 24A BURIAL CREMA-TION REMOVAL Specify) 248. DATE ADDRESS NERAL DIRECTOR REGISTRAR'S LOCAL REGISTRAR VS 150

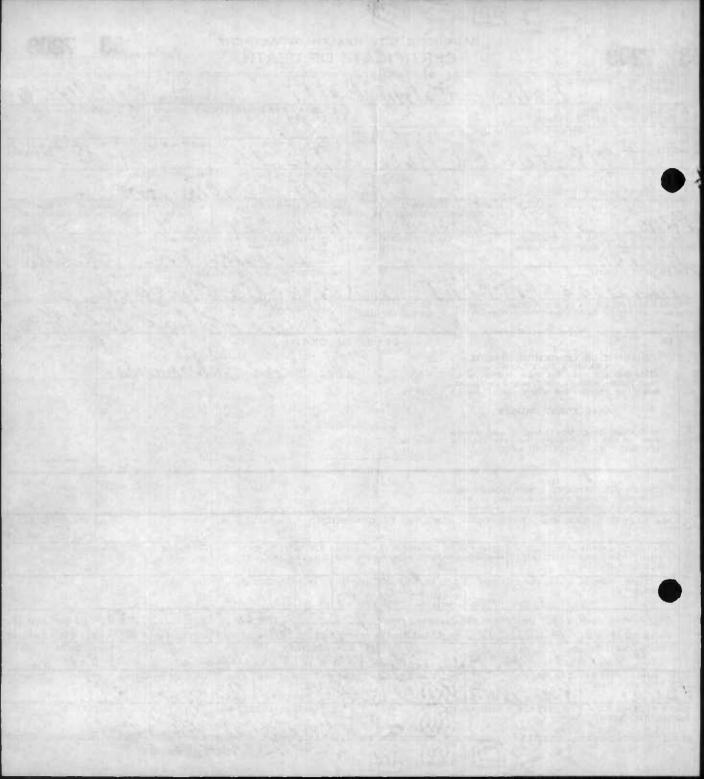
1387 S FALLY RHOOMA 1. Sugarting. HIII TO PARTY and the second Distriction of 4. Hattin A CAN PROPERTY OF THE SECOND

~516	
53 7208 BALTIMORE CITY HEALTH DEPARTMENT Register	53 7208
1. NAME OF DECEASED Im gene Chambers 2. DATE OF DEATH	8-3-53
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE 4. USUAL RESIDENCE (Where deceased limits as STATE B. COUN	ved. If institution; residence
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate institution)	e limits, write RURAL and give
University Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location	0 -03
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In year)	BUNDER TYPE II Under 24 Hours
Female C WIDOWED, DIVORCED (Specify) 7-30-53 last birthda	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of working life, even if retired) IN FANT 10B. KIND OF BUSINESS OR INDUSTRY MARY LAM	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1 SVI TES SIAR
HAROL & DOLKINS Addie. Cha 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give was or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
	INTERVAL BETWEEN
18. 168. 5 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	to
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Press attrity OTHER SIGNIFICANT CONDITIONS CON-	
(c) Prematurity	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c, WHERE DID (If in Baltimore about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
INJURY m. WHILE AT NOT WHILE AT WORK	
deceased alive on \$-3, 1953, and that death occurred at \$:30 Pm., from the causes and	1943, that I last saw the lon the datc stated above.
23A. SIGNATURE. Hunter M. D. Universit Hospy	12 8-4-53
24a. BURIAL. (REMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City TION, REMOVAL (Specify)	, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
AUS 150 1953 Ht. Intervalor Wallally	7.8

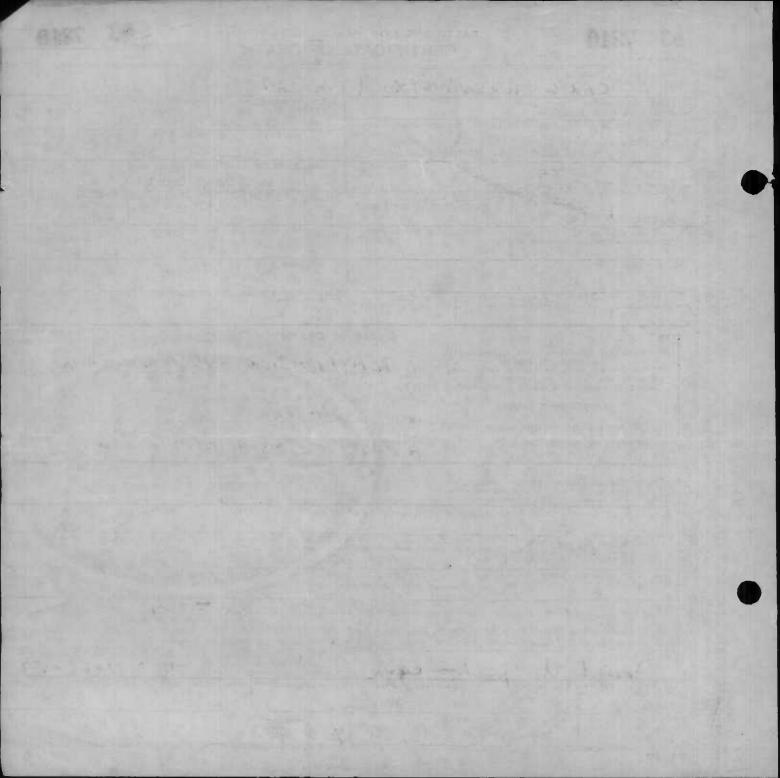


L	3-630	NJAN .			
3	7209	BALTIMORE CITY HE CERTIFICATION		Registered No_	7209
1. (T	NAME OF DECEASED Le/2/	vd Calvin E	Britt	2. DATE OF 8/10	11953
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		ution: residence before admission)
H	FULL NAME OF (If not in hospital or OSPITAL OR ISTITUTION 7/9 HCM)	institution, give street address or location)	c. CITY OR TOWN (If	outside corporate fimils, wri	to RUITL and give township)
C.	Length of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If I	rural, give location)	
5.	Nale Color or RACE 7.	SINGLE, MARRIED, WIGOWED, DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under I last birthday) Months	
worl	k deneduring most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	54 Folk		WHAT COUNTRY?
	Pandious B	ritt	MENDIA	Magotto	/
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FO 18, no or unknown) (If yes, give war or dates of a	RCES? 16. SOCIAL ervice) SECURITY NO.	Cantine M	hitney Sul	Wolf 9a-
ERTIFICATION	DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, nsthenia, etc. It means the injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	ring, e.g., (A)			NTERVAL BETWEEN
CERTIF	OTHER SIGNIFICANT CONDITIO TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	RELATED			
DICAL	19a. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDIC		21B. PLACE OF INJURY (e.g., in out home, farm, factory, street, office bldg., e		f in Baltimore City, give e	xact location)
4	O. TIME (Month) (Day) (Year) (Ho	our) 21E. INJURY OCCURR. WHILE AT NOT WHILE MY WORK AT WORK		OCCUR?	
	22. I hereby certify that I attend	led the deceased from 7-	-8 1953 to 8		it I last saw the
	deceased alive on 1-22, 1 23A. SIGNATURE J. Translin Hellips		3B. ADDRESS needle	oc causes and on the da	c. DATE SIGNED
2/	D. REMOVAL (Specify)	53 NUMB OF CEMETE	fr Cem Co	CATION (City, town, or con	
	ATE RECEIVED BY HEGISTRAR'S S	IGNATURE MY	25 FUNERAL DIRECTOR	Milliams	DRESS

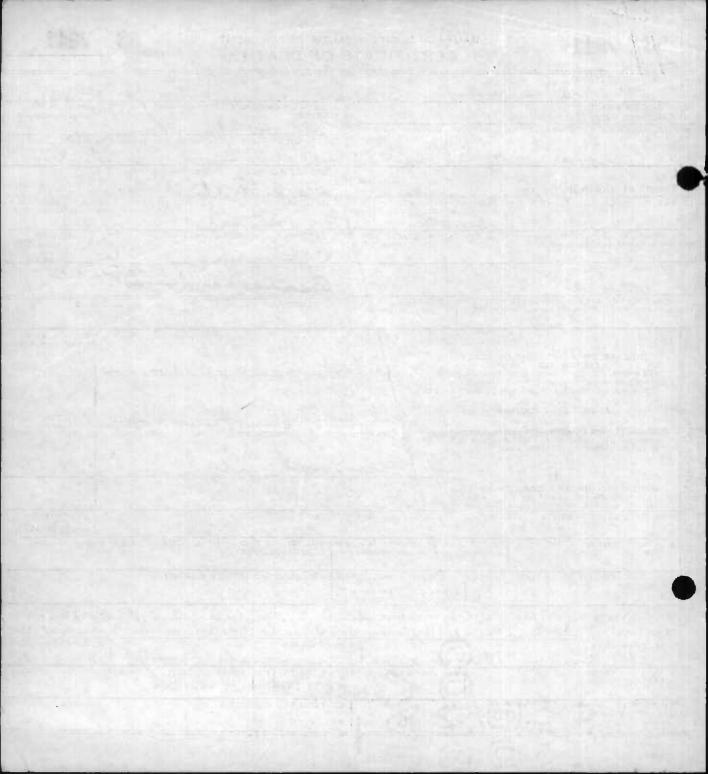
VS 150



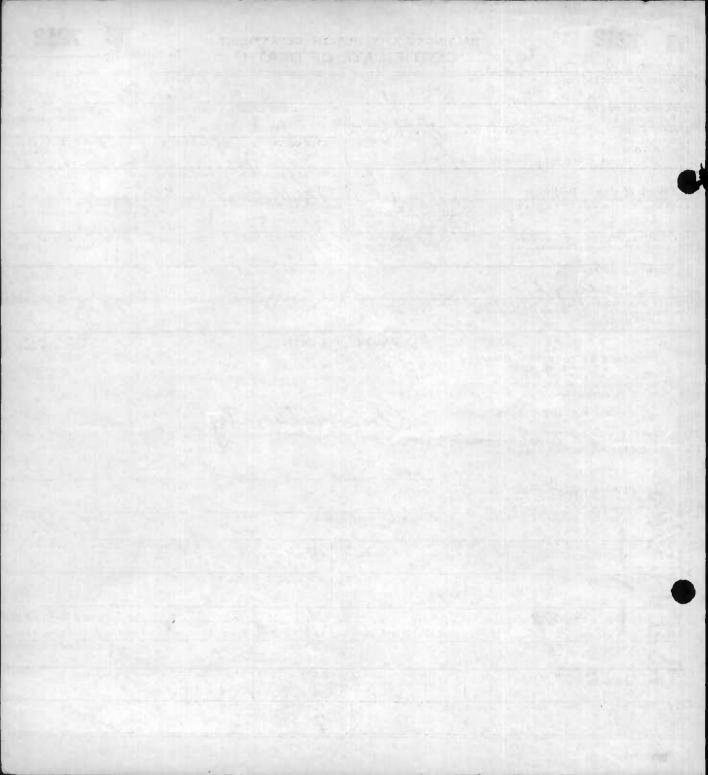
1	TOTAL STATE OF THE	EALTH DEPARTMENT E OF DEATH Registe	73 7210 ered No. 7210
1.	NAME OF DECEASED (Type of Print) CRAIG WASHINGTON (SMITH) 2. DATE OF DEATH	July 17, 1953
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased line A. STATE B. COUN	ved. If institution : residence
H	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION Baltimore City Hospitals		te limits, write RURAL and gi
3	Yrs. Mos.	D. STREET ADDRESS, (If rural, give location 1662 Bruce Court	ion)
-	. Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male Colored	8. DATE OF BIRTH 9. AGE (In ye	ears if Under 1 Year II Under 24 Hours Mi
	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR k done during most of working life, even if retired)	II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
13	R. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
TS (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
ATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	YDRATION AND MAL DIARRHEA Y METAMORPHOSIS OF	
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
L CE	TO THE DISEASE OR CONDITION CAUSING IT.		
EDICA	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
		n or 21C. WHERE DID (If in Baltimore	20. AUTOPSY?
M	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR	n or 2ic. WHERE DID (If in Baltimore etc.) INJURY OCCUR?	20. AUTOPSY? YES NO
M	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR	ED 21f. HOW DID INJURY OCCUR? Above, held an Autopsy, Inspection In Inquiry, find that said deceased died	City, give exact location) thercon and from the day stated about
Σ	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. e., i bout bome, farm, factory, street, office bldg., of bout bome, farm, factory, office bld	ED 21f. HOW DID INJURY OCCUR? Description of the said deceased died	thercon and from the day stated about , undetermined
Σ 2 11	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OF INJURY 22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural causes.	an or 2ic. WHERE DID (If in Baltimore INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? Autopsy, Inspection In Inquiry, find that said deceased died in its individual in	thercon and from the day stated about , undetermined



1	3-650				
	53 7211 BALTIMORE CITY HEALTH DEPARTMENT 53 72				
=	1. NAME OF DECEASED (Type or Print)	2. DATE			
-	3. PLACE OF DEATH:	OF DEATH 8-9-53 1 4. USUAL RESIDENCE (Where deceased lived. If institution; residence			
-	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)			
	HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
	University Hospital	D. STREET ADDRESS. (If rural, give location)			
	Length of stay in Baltimore	36 & Front ave.			
2	5. SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year Il Under 24 Hours last birthday) Months; Days Hours: Min.			
-	10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	8-7-83 2			
1	rork dooe during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
	13. FATHER'S NAME.	14. MOTHER'S MAIDEN NAME Beatering			
	Eddie	Beatine Week			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or ookoown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT , ADDRESS			
-	18. 7 / 9 F CAUSE	OF DEATH INTERVAL BETWEEN			
	18. 7 (2.5) CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.				
	injury or complication which caused death.) DUE TO				
	Z ANTECEDENT CAUSES (B) Pulmonan conquetion				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	d eddma o			
	UNDERLYING CONDITION LAST.				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER				
	21a. ACCIDENT, SUICIDE, ADDULTONO, (arm, factory, street, office bidg., about home, farm, factory, street, office bidg.,				
-11	HOMICIDE (Specify) about home, farm, factory, atreet, office bldg., a				
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY WHILE AT NOT WHILE				
	m. WORK AT WORK				
	22. I hereby certify that I attended the deceased from & deceased alive on 8 - 9 19 5 3, and that death occur	- P , 1953, to 8 - 7 , 1953 that I last saw the rred at 5:15 Pm., from the causes and on the date stated above			
	23A. SIGNATURE	23B. ADDRESS . 23c. DATE SIGNED			
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240-LOCATION (City, town, or county) (State)			
	TION, REMOVAL (Specify)	ITY MEDICAL SCHOOL AUG 11 1953			
-	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS			
	AUG 1 2 1953 Theretains VELLGIUME, AM	7 Attention Williams, My			
	VS 150				



	13 177/7 CERTIFICAT	EALTH DEPARTMENT 53 E OF DEATH Registered No	7212	
	1. NAME OF DECEASED (Type or Print) Baby Sur Mullen	2. DATE OF OF DEATH	5-53	
-	3. PLACE OF DEATH: (A. Baltimore City, Maryland Unix, Hospital B. FULL NAME OF (If not in hospital or institution, give street address or location)		before admission)	
	Driversity Hospital Yrs.	c. CITY OR TOWN (If outside corporate limits, Baltimore o. STREET ADDRESS (If rural, give location)	township)	
	Length of stay in Baltimore 4 (Days	1317 N Stricker	#17	
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8-1-53 9. AGE (In years) Under the state of the s	hs Days Hours Min.	
	IOA. USUAL OCCUPATION (Give kind of or not done during most of working life, even if retired) INDUSTRY		2. CITIZEN OF WHAT COUNTRY	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nukuown) (If yes, give war or dates of service) SECURITY NO.	Doris 17. INFORMANT ADD	DRESS	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) OUE TO OUE TO (B) OUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-			
-11	TRIBUTING TO THE OEATH, BUT NOT RELATED			
	TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 19	RATION	20. AUTOPSY?	
	21A. ACCIDENT. SUICIDE. OMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) 12 Id. WHERE DID (If in Baltimore City, give labout bome, farm, factory, street, office bldg., etc.)			
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK			
22. I hereby certify that I attended the deceased from $8-1-53$, 19, to $5-5$, 1953 deceased alive on $8-5-$, 1953, and that death occurred at $6:45m$, from the causes and on the				
	23A. SIGNATURE J. Heiner M.D.		8-5-53	
	24A. BURIAL, CREMA- TION, REMOVAL (Specify)	MEDICAL SCHOOL AUG 11 1953	r county) (State)	
	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Williams	ADDRESS	
	VS 150	0		



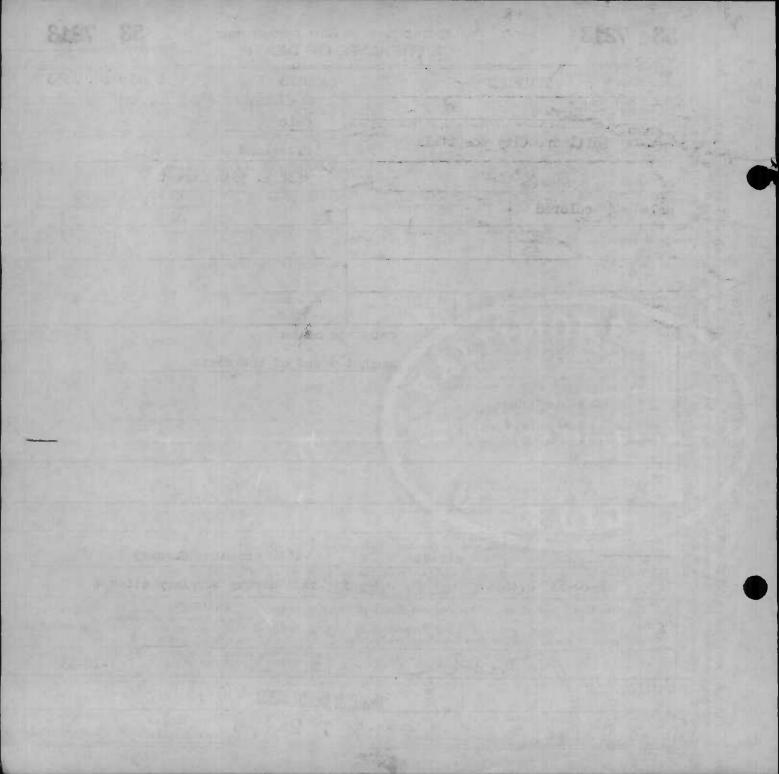
N 861.4

MARGIN RESERVED FOR BINDING

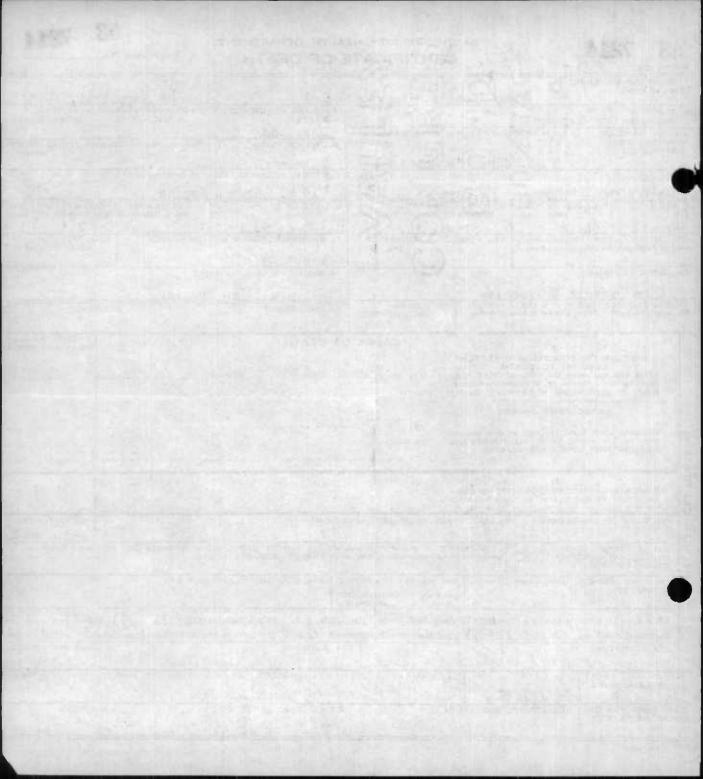
BALTIMORE CITY HEALTH DEPARTMENT

53 7213

В	IRTH NO.			CERTAFI	CATE	OF DEATH	Registered	l No	
	1. NAME OF DECEASED (Type or Print) BEAUFORD			\$	SANDERS	2. DATE July	7 20, 19	53	
A.	3. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF f not in hospital or institution, give street address or		ddress or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE s. COUNTY before admission)					
	HOSPITAL OR INSTITUTION Baltimore City Hospitals		location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
c.	Yrs. Mos. c. Length of stay in Baltimore Days		Mos.	D. STREET ADDRESS (If rural, give location) 2538 E. 59th Street					
5.	5. SEX male 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)		(Specify) 8	DATE OF BIRTH	9. AGE (in years last birthday)	Il Under 1 Year Months Days	H Under 24 Hours Hours Min.		
10 worl	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) N				11. MRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13	13. FATHER'S NAME			1	14. MONHER'S MAIDEN NAME				
15 (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				Y NO.	17. INFORWANT ADDRESS			
RTIFICATION	(C)								
CERT	TO THE DISEASE OR CONDITION CAUSING II.					LUTODOV3			
	1			F OPERAT	ION		YES	X NO	
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. TO CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., inbout home, farm, factory, atreet, office bldg., or street.				1810 Broening Highway				
Σ	OF INJURY 7-2	TIME (Month) (Day) (Year) (Hour) 2 fe, INJURY OCCURRING TO A WHILE AT WORK AT WORK			CCURRED OT WHILE AT WORK				
	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [4], undetermined [].								
	23a. SIGNATURE REPORT M.D. MEDICAL EXAMINER								
	4A. BURIAL, CREMA ON, REMOVAL (Specify			24c. NAME OF	UNIVERSITY	MEDICAL SCHOOL AUG		vn, or county)	(State)
	ATE RECEIVED BY DCAL REGISTRAR	REGISTRAR	S SIGNATU	JRE S C	2	5. FUNERAL DIRECTOR	- 1/1/1/	ADDRES	S
V	S 151	(1116	0			0			1



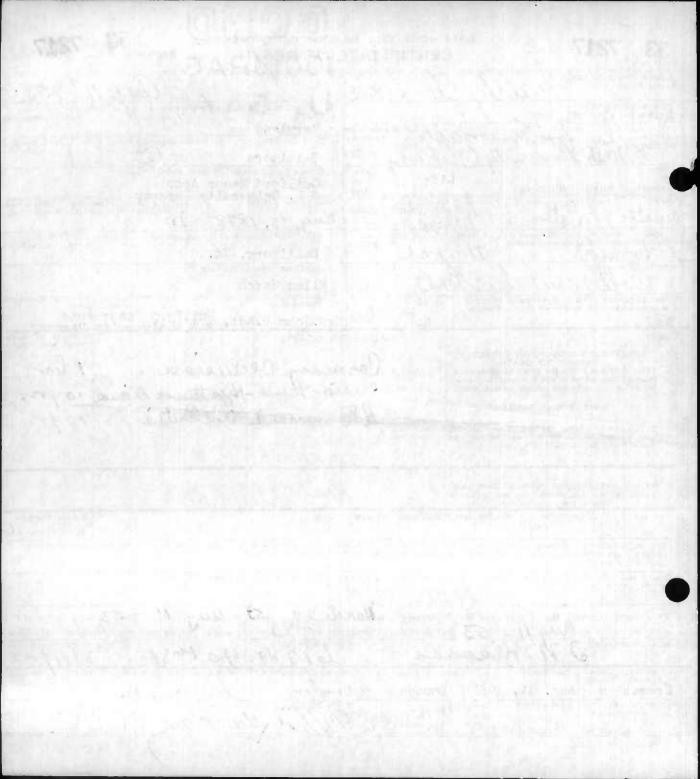
I. NAME OF DECRASED Company Co		EALTH DEPARTMENT F. OF DEATH Registered No.			
A. PLACE OF DEATH. A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or heaviling the property of the prop	1. NAME OF DECEASED	I. NAME OF DECEASED			
A. Baltimore City, Maryland S. FOUL NAME OF (If not in hospital or institution, give street address or Hospital OR (If not in hospital or institution, give street address or Hospital OR (If not in hospital or institution) St. Joseph's Hospital Yrs. Mos. Vrs. Mos. Flength of stay in Baltimore 2 days S. EX (COLOR OR RACE 7. SINGLE MARRIED. WIDOWED DIVORCED (Speally) Female White Single 10. JUBLA OCCUPATION (Givekiade) 10. KIND OF BUSINESS OR INDUSTRY INDUSTRY Maryland 11. Birthplace(State of foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland 14. MOTHER'S NAME JOHN Francis McNichols 15. MAS DECEASED EVER IN U.S. ARMED FORCES) (If yrs. give wat or date of dying, e.g., beart failure, sathenia, etc. it means the disease, lightly or complication which caused death, out of the party or complication which caused death, out of the party or complication which caused death, out of the party or complication which caused death, out of the party or complication which caused death, out of the party or complication which caused death, out of the party or complication which caused death, out of the party or complication which caused death, out of the party or complication which caused death, out of the party or complication which caused death, out of the party or complication which caused death, out of the party or complication which caused death, out of the party or complication which caused death, out of the party of t	Mc Nichols, Theresa	hachel DEATH August 11, 1953			
HosePital or Institution	A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)			
St. Joseph's Hospital St. Joseph's Hospital	HOSPITAL OR Iocation)				
Length of stay in Baltimore 2 days Mos. Days D. STREET ADDRESS (If rural, give location) T19 N. Luzeme Avenue T19 N. Luzeme Avenue T19 N. Luzeme Avenue T19 N. Age (In year) Inst birthday) Inst birthday Months: Days Huster 74 Hours Inst birthday) Inst birthday Inst bir		township)			
Elegth of stay in Baltimore 2 days Days 719 N. Luzerne Avenue 5. SEX 6. COLOF or RACE 7. SINGLE, MARRIED. WiDOWED, DIVORCED (Spesify) Single 10.A. USUAL OCCUPATION (Give-kinded) 10.B. KIND OF BUSINESS OR INDUSTRY Work dozed during most of working life, oven if retired) 13. FATHER'S NAME JOHN Francis McNichols 15. WAS DECEASED EVER IN U. S. ARMED FORCES) 16. SOCIAL (Yes, no so sushown) (If yes, circ were of date of service) 16. 7 2 5 DISEASE OR CONDITION DIRECTLY (This does not meen the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLY (C) UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS COM- THE DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. MAJOR FINDINGS OF OPERATION 21.B. THE DISEASE OR CONDITIONS COM- THE DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. MAJOR FINDINGS OF OPERATION 21.B. THE DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. MAJOR FINDINGS OF OPERATION 21.B. THE DISEASE OR CONDITIONS COM- THE DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. MAJOR FINDINGS OF OPERATION 21.B. THOM DID INJURY OCCUR? 11. INTERVAL BETWEEN ONSET AND DEATH 11. DIVING OR CONTRIBUTING 18. BOOK MARKED. 21. ACCIDENT WAS UNDER. 21. HOW DID INJURY OCCUR? 11. INTERVAL BETWEEN ONSET AND DEATH 11. DIVING OR CONTRIBUTING 18. BOOK MARKED. 22. AUTOPSY? YES NO. Y. 21. HOW DID INJURY OCCUR? 11. INTERVAL BETWEEN 11. DIVING WAS AUTOPSY? YES NO. Y. 22. I horeby certify that I attended the deceased from August 9, 1953, to August 11, 1953, that I last saw the	Yrs.	D. STREET ADDRESS (If rural, give location)			
Single S	c. Length of stay in Baltimore 2 days Days				
10. JUDIAL OCCUPATION (Givekinded) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? Mayland 14. MOTHER'S MAIDEN NAME JOHn Francis McNichols 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL (If yes, give wer or detee of service) 17. INFORMANT ADDRESS 18. JUDIAL BISEASE OR CONDITION DIRECTLY Chart failure, asthoris, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAST. (C) 19. ACCIDENT WAS UNDER. LYINGED OR CONTRIBUTING CAUSE OF DEATH DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF PERATION 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO WAS DECEASED EVER IN U. S. ARMED FORCES? (A) SCLETCHA and at electasis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO WAS DECEASED EVER IN U. S. ARMED FORCES? (B) Prema turity DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19. MAJOR FINDINGS OF OPERATION 21. ACCIDENT WAS UNDER. CAUSE OF DEATH ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH INTERVAL BETWEEN INTERVAL BETWEEN INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN INTERVAL BETWEEN INTERVAL BETWEEN INTERVAL BETWEEN INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN INTERVAL BETWEEN INTERVAL BETWEEN INTERVAL BETWEEN INTERVAL BETWEEN	WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.			
INDUSTRY Maryland	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR				
13. FATHER'S MANE JOHN Francis McNichols 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, dry war or delete of service) 16. SOCIAL (Yes, no or unknown) (If yes, dry war or delete of service) 18. J. J. S. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH (This does not mean the mode of dying, e. g., heart failure, asthenis, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO CAUSE OF DEATH 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or CAUSE OF DEATH 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or CAUSE OF DEATH 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or CAUSE OF DEATH 19A. DATE OF OPERATION 21B. PLACE OF INJURY OCCUR? 19D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOW WHIL	work done during most of working life, ovon if retired) INDUSTRY				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 18.	13. FATHER'S NAME				
CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	John Francis McNichols	Barbara Ellen Mullins			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (G) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 11D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK AT WORK 22. I hereby certify that I attended the deceased from August 9, 1953, to August 11, 1953, that I last saw the		17. INFORMANT ADDRESS			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, foctory, street, office bldg., etc.) CAUSE OF DEATH 21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from August 9, 1953, to August 11, 1953, that I last saw the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Prematurity DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				
CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) ID. TIME (Month) (Day) (Year) (Hour) MILE AT WORK 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from August 9, 1953, to August 11, 1953, that I last saw the	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER				
CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) ID. TIME (Month) (Day) (Year) (Hour) MILE AT WORK 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from August 9, 1953, to August 11, 1953, that I last saw the	YES NO				
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK 22c. I hereby certify that I attended the deceased from August 9, 1953, to August 11, 1953, that I last saw the	L CAUSE OF DEATH	otc.) INJURY OCCUR?			
22. I hereby certify that I attended the deceased from August 9, 1953, to August 11, 1953, that I last saw the	FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
decorated aline on August 340 52 and that death occurred at 2 . E. Sm. from the envises and on the date stated above	22. I hereby certify that I attended the deceased from August 9, 1953, to August 11, 1953, that I last saw th				
23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED					
10-2/1/75 2/1/3 2120 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and little				
24A. BURIAL CREMA- TION, REMOVAL (Specify) BALL SURVAL (Specify) SIZES LOCAL REGISTRAR'S SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) LOCAL REGISTRAR 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) LOCAL REGISTRAR 25. FUNERAL DIRECTOR 150 ADDRESS					
VS 150					



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH The BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH W supplied. 4. USUAL RESIDENCE (Where deceased lived, I hstitution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CIT (If outside corporate limits, write RURAL and give carefully INSTITUTION information should be careful of death clearly and legibly. Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED if Under 1 Year If Under 24 Hours BIRTH AGE (In years) B. DATE WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours Min. -arrie 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND BUSINESS OR 12. CITIZEN OF INDUSTRY Meno Lasmon 13. FATHER'S NAME 14. BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes of CAUSE OF DEATH 420.1 ONSET ANO FOR Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20. AUTOPSY IF OPERATION WAS RELATED TO WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN important. PART I OR PART II 21B. PLACE OF INJURY (e. g., in or OR CONTRIBUTING CAUSE OF 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY. 210, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE especially WORK AT WORK 192, that I last saw the 22. I hereby certify that I attended the deceased from PLEASE WRITE and that death occurred at. m., from the causes and on the date stated above. deceased alive on 23C DATE SIGNED 23ASIGNATURE 20 BURIAL CREMA-REMOVAL Specify) AJION (City, town, or county correct DATE RECEIVED BY ADDRESS VS 150

7216 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, ff Institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. Mog wilco c. Length of stay in Baltimore 45 Days 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 9. AGE (In years If Under I Year II Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED DIVORCED (Specify) Widow 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY US A Housewie tome. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 42011 CAUSE OF DEATH and ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDICA 218, PLACE OF INJURY (e.g., b) or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT 19.42 to_ . 19 33 that I last saw the 22. I hereby certify that I attended the deceased from. ., and that death occurred at 3.34m., from the causes and on the date stated above. deceased alive on 8 12 153 19 23A, SIGNATURE 23B. ADDRESS 23c, DATE SIGNED 24A. BURIAL, CREMA-REMOVAL (Specify Durial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNER ADDRESS LOCAL REGISTRAR VS 150

	4-0	00									
٨	50 17	945	,	ВА	LTIMORE	CITY H	EALTH DEPAR	TMENT	,	53	7947
В	53 7	217	1	3600	CERTIF	TICAT	E OF DEAT	ГН	Registere	d No.	/ GIL!
	NAME OF D Type or Print)	ECEAS	ED May	Fel	a. 1	ows			2. DATE OF DEATH OUL	9-11	14/19.53
A.	PLACE OF D Baltimore (City, N	Maryland A	7			4. USUAL RESID	DENCE (WI	nere deceased lived	If instit	ution: rysidence before admission)
B. H	FULL NAME OSPITAL OR	25,18	(It hot in hospit	audy (tion for e street	address or location)	Maryland		0		
11	MOLTATITES	leh	Unines	ety (4	ark (uras		c. CITY OR TOW		outside corporate lii	mits, wri	te RURAL and give township)
	Length of s	tay in	Batimore	,	Life /	Yrs. Mos. Days	Guilford	Manor	Ants		
5	SEX	6.901	OR PRACE		E MARRIED,		8. DATE OF BIRT	Wersi t	9. AGE (In years)	If Under	Year H Under 24 Hours Days Hours: Min.
15	A. USUAL OC	CUBAT	TON (Simplished	100 1	Winds.		aug. 25,	1878	74		
WOF	k done during most o	of working	life, even if retired)	The	D OF BUSINE	NDUSTRY	11. BINTHPLACE Baltimor		eign country)		CITIZEN OF WHAT COUNTRY:
13	FATHER'S		,	1	20110		14. MOTHER'S M		ME		
	Col	en	van.	Till	era		Ellen Mar	ch			
15 (Ye	. WAS DECEASE e, no or unknown)	D EVER	IN U.S. ARME	D FORCES?	16. SOCIAL	ITY NO.	17. INFORMANT			ADDRE	Ess
	No				No	ELLU	Mrs.John B.	Adt, 2	uilford Man	nor A	lpts Parkway
ATION	(This does heart failu injury or DISEASES RISE TO T	LEAD not mo re, asthe complie ANTEC	CONDITION ING TO DEA' can the mode of cania, etc. It mes cation which of EDENT CAUS CONDITIONS, I VE CAUSE (A) ONDITION LA	TH of dying, e. ins the diseaseaused death SES F ANY, GIVIT STATING T	g., (A) se, h.) DUE TO		ocary Ou vio-Bual Rumatarid	eclus -Hypr Larr	ion tuent Dis britis	C	NERVAL BETWEEN POSET AND DEATH 1 Pu 10 YYS.
CERTIFICATION	TRIBUTING	TO TH	II CANT CONDI E DEATH, BUT OR CONDITION	NOT RELAT	ED						
Ļ	19A. DATE O	F OPE	RATION 1	9B. MAJOR	FINDINGS	OF OPER	ATION	MILE			20. AUTOPSY?
EDICAL	21A. ACCID LYING OF CAUSE OF	CONT	AS UNDER-		ACE OF INJU			DID (If	in Baltimore City	, give e	xact location)
Σ			(Day) (Year)	(Hour)	21E. INJURY	OCCURR	21F. HOW DI	D INJURY	OCCUR?	77	
				m.	WHILE AT WORK	AT WORK					
	22. I hereby	y certi ive on	fy that I att	tended the	deceased fr	om Man	el 29, 193 red at 71% Wm	3, to Qu	g /1, 19	53the	at I last saw the
	23A. SIGNAT	URE C	MIN	ilsa			3B. ADDRESS	40	thick		C. DATE SIGNED
24 TIC	on REMOVAL (S	pecify	248. DATE Aug. 12,			CEMETE	emetery	1//	CATION (City, tov		unty) (State)
	ATE RECEIVED	D BY	REGISTRAR'			MA	DOWNERAL DI		45]	O Li	berty Ave.
	Vs 150 2	138		0		>			nei	guts	58 V C 4
									/		



BALTIMORE CITY HEALTH DEPARTMENT

53 7218 egistered No. 7218

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered I	Vo. ~~U.O
I. NAME OF D (Type or Print)		lian W.	Brandenburg		2. DATE. OF Anone	st 11,1953
	City, Maryland	horo	Market Subs	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission		
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit		ion, give street address or location)	Maryland c. CITY OR TOWN (If Baltimore	outside corporate limit	s, write RURAL and give
Length of s	stay in Baltimore		Yrs. Mos.	o. STREET ADDRESS (If		
5. SEX Wale	6.COLOR OR RACE White	7. SINGLE WIDOW Wido	Days MARRIED, ED, DIVORCED (Specify) Wed	8. DATE OF BIRTH Feb. 22, 1873		Under I Year H Under 24 Hours on the Days Hours Min.
Retired	CCUPATION (Givekiod of tof working life, even if retired) Merchant	10B. KIND	of Business or INDUSTRY al Store	11. BIRTHPLACE (State or for Near Middle town	Valley	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S El	NAME .i Brandenburg			Frederick Cou 14. MOTHER'S MAIDEN N Susannah Mann		
15. WAS DECEAS You, no or uokoowo) NO	(If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO. None	Dr.O.Glenn Harne		DDRESS
heart failt injury or DISEASE	LEADING TO DEAT s not mean the mode o ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	f dying, e.g ns the disease aused death. ES ANY, GIVIN STATING TH	OUE TO (B) Card	enternantage a	nd paralysis lisease	9 gays
TO THE C	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
3	0		FINDINGS OF OPER		Manager	YES NO
LYING OF	R CONTRIBUTING	about home, fo	CE OF INJURY (e. g., ic arm, factory, atreet, office bldg., e	2 1c. WHERE DID (I tc.) INJURY OCCUR?	If in Baltimore City, a	give exact location)
2 ID. TIME F INJURY	(Month) (Day) (Year)		VHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR7	
deceased a	live on and 10			red at 8.45Am., from to		t, that I last saw the ne date stated above.
25A. SIGNA	HU SUL	blit		38. ADDRESS 220 Garrison Bl <i>y</i> d		23c. DATE SIGNED
24A. BURIAL. FION, REMOVAL (S Burial	Aug. 14,	1953	Christ Evange Ceformed Church	lical and Mid	dletown, Md.	or county) (State)
LOCAL REGIST		SIGNATU	V.M. ALLAN MI	25 FUNDAL DIRECTOR.	/ / / / / /	ADDRESS Liberty ts Ave.
110 150	3. m /2	A	1,0		1000	

MI, 12 mount

ing to the last of the last of

and the state of t

lave board of the month of the Carl

Day of Branch

with terms of 1271

The straining

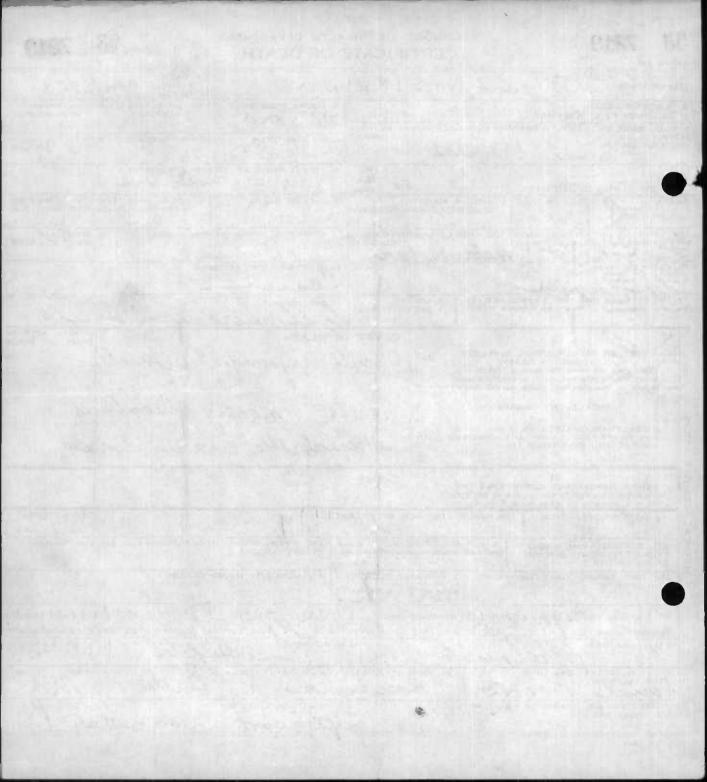
Aren Man Star

50 L. V. S

IND

predictions

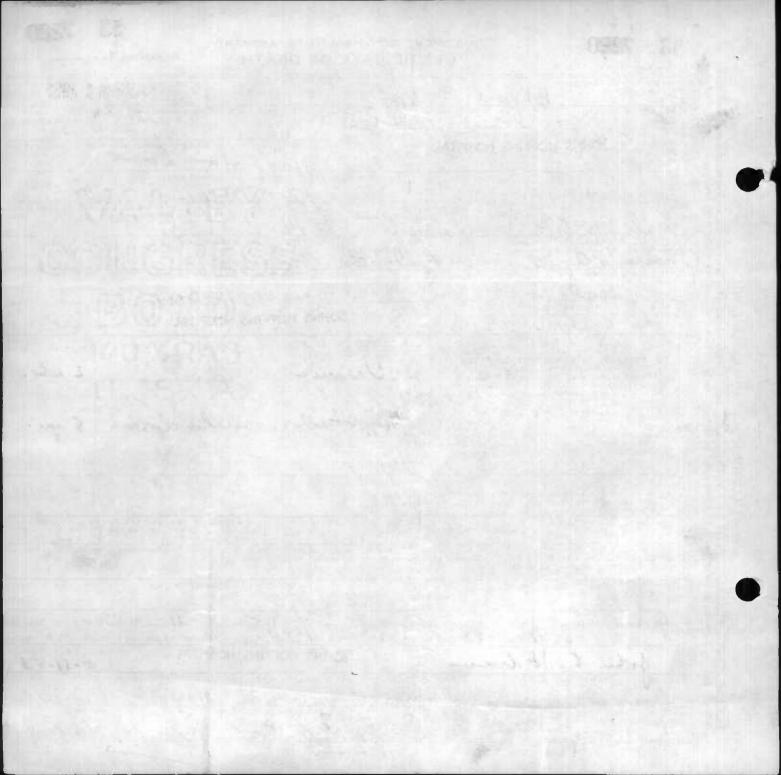
5-62-5 BALTIMORE CITY H	EALTH DEPARTMENT 50 PO.
33 /239	E OF DEATH Registered No. 7219
1. NAME OF DECEASED David SIRK	1 N 2. DATE OF OF DEATH 8/11/1957.
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location institution) HOSPITAL OR INSTITUTION Tyrs. Mon. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission) C. CITY OF TOWN (If outside corporate limits, write RURAL and give lownship) D. STREET ADDRESS (If rural, give location) 3.18 W. North CVL. B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, overfit retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14 MOTHER'S MAIDEN NAME 17 ANFORMANT ADDRESS LEAL LEFTHER ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO CONDITION LAST.	of DEATH the myscardial infaults the coronary flirombosis unreliate coronary disease
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 19b. MAJOR FINDINGS OF OPE 21b. PLACE OF INJURY (e.g., about borne, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) FINJURY MHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from	8/10,1953 to 8/11, 1953 that I last saw the
deceased alive on 8/11, 1953, and that death occur 23A/SIGNATURE Chelinius 4, M.D. 24A/BURIAL, CREMA- 24B. DATE 75C. SAME OF CEMET	238. ADDRESS. Denai Hospital 23c. DATE BIGNED 8/11/1953
DATE RECEIVED BY LOCAL REGISTRAR ALC ALC ALC ALC ALC ALC ALC	1/25. FUNERAL DIRECTOR ADDRESS PL
VS 150	2906E



VS 150

	1	2-400			×	. 5	3 722n
	, E	3 7220	CERTIFICATI			legistered I	10
The	-	RTH NO.	CERTII TOATI	- O: DEATH			
	1. (T;	NAME OF DECEASED (ppe or Print)	B. KAL		2. DA O DEA	F AUG	1 1 1953
ippli	Α.	PLACE OF DEATH: Baltimore City, Maryland	ed. Opls	A. STATE		county	institution: residence before admission)
lly su	HO	FULL NAME OF (If not in hospital or DSPITAL OR JOHNS HOPKINS H	institution, give street address or location)	c. CITY OR TOWN	(If outside o	orporate limit	s, write RURAL and give township)
ibly.	3	33	Yrs.	D. STREET ADDRESS	(If rural, giv	re location)	
leg Ieg	C.	Length of stay in Baltimore	Mos. Days	1258	Jenif	er	St.
WDING information should be carefully supplied. s of death clearly and legibly.	5.		SINGLE, MARRIED, VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AG		nths Days Hours Min.
shor	10 wo	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	KIND OF BUSINESS OR	21	e or foreign con	intry)	12. CITIZEN OF WHAT COUNTRY?
ion l cl	13	FATHER'S NAME	mon offerno. Oc		EN NAME		
r nat		R D &	11/1		11.0	. 0	
INC orr	15	. WAS DECEASED EVER IN U. S. ARMED FOR	ICES? 16. SOCIAL	Jinan ces	Habe	<u></u>	
BINDING of inform uses of dea	(Yes	, ao or unknown) (If yns, give war or dates of se	security No.	TOHNS HOPKINS	HOSPITAL	A	DDRESS
R BIN em of i causes	-	18. 1/1/2:4	CALISE	OF DEATH			INTERVAL BETWEEN
	1	DISEASE OR CONDITION DIRE		DI DEATH			ONSET AND DEATH
FO it the		LEADING TO DEATH (This does not mean the mode of dy	// /	anaia			2 rely.
		heart failure, asthenia, ctc. It means th injury or complication which cause	e discase,		/ *******************************	***********************	
02 P		ANTECEDENT CAUSES	11	1 .		1	
SE IK.	Z		(B) May Ne	kvive vo	unlan o	linas	5 me
RESEI INK.	2	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA	Y, GIVING				
Z Z S	A	UNDERLYING CONDITION LAST.	(C)				
CGI DII ian	FI						1
MARGIN F UNFADING Physicians: p	ERT	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATIONS ASSESSED ON CONDITION CAUSING IT.	NTRIBUTING TEO TO THE				
	U	19a. DATE OF OPERATION 19B.	CONDITION FOR WHICH OF		OPERATION WA		
nt.	AL	7 WAS	PERFORMED	PA	RT I OR PART	111	YES NO L
TE PLAINLY, WITH especially important.	EDIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	218. PLACE OF INJURY (about home, farm, factory, street, office		DID (If in B	altimore City,	give exact location)
E.E	Σ	210 TIME (Month) (Day) (Year) (Hou	ir) 21E. INJURY OCCURRI	D 21F, HOW DI	D INJURY O	CCUR?	
AIN		OF INJURY	m. WHILE AT NOT WHILE AT WORK				
PL		22. I hereby certifughat I attend	17	15- 1953	10-8-1	1-,193	3that I last saw the
E de			53. and that death occur	red at 104 Am., fr	rom the caus	es and on t	he date stated above
RI		23A. SIGNATURE & It	2	BOHNS" HOPKINS			23c. DATE SIGNED
age W	24	AA. BURIAL, CREMA- 24B. DATE	M. O. 24C. NAME OF CEMETE	RY OR CREMATORY 2	40. LOCATIO	N (City, town	or county) (State)

24A. BURIAL, CREMA-TION, RELOVAL (Specify) M Camely FUNERAL MIREGIOR Parte RECEIVED BY LOCAL REGISTRAR REGISTRAR'S



The	
supplied.	
carefully	legibly.
pe	nd 1
pluods	early an
nformation	of death cle
item of in	e causes
Every	write th
INK.	please
UNFADING	orrect age is especially important. Physicians: please write the causes of death clearly and legibly.
WITH	ortant.
NLY,	imp
PLAI	pecially
RITE	is es
W	ge
LEASE	orrect a

5	3 7221	2	ВА	LTIMORE CITY HE			Register	53	722	1
1. NAME OF DECEASED (Type or Print) MINNIE L. KIFRNAN						2	. DATE OF DEATH	August	10.	1953
A B.	. PLACE OF DEATH Baltimore City, FULL NAME OF	Maryland		tion, give street address or	4. USUAL RESIDE	land		d. If institu	ition : res	
	OSPITAL OR NSTITUTION	Jnion Memo:	rial He			timore	side corporate	2 - 0		L and give township)
1	Length of stay	in Baltimore	7 CINCI	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 509 W. 28th Street 8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours					
	Female	White	Widow	NED, DIVORCED (Specify) NED, DIVORCED (Specify) ONE BUSINESS OR	May 11, 1868	3	last birthday	Months	Days Ho	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
wor	ork doneduring most of working life, even if retired) housewife Own home INDUSTRY			11. BIRTHPLACE (State or foreign country) Columbia County, New York 14. MOTHER'S MAIDEN NAME						
	Walter R. Decker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL				Isabel Wi	ise				
(Ye	s, no or unknown) (If yea, give war or dates of service) SECURITY NO.				Mrs. Fred Ba	ardeen,	Hornell			BETWEEN
ATION								ND DEATH		
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON-									
AL C	19A. DATE OF OR	PERATION 1	98. MAJOF	ACE OF INJURY (% 8., i		ID (If in	Baltimore C		YES YES	NO X
EDIC	21A. EXTERNAL UNDERLYING [] UTING [] CAUS	OR CONTRIB-	about home	, farm, factory, street, office bldg.,	etc.) INJURY OCCU	R?		Try, give e.		ciony
Σ	OF INJURY		m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK NOT WHILE AT WORK						
	22. I certify that I took charge of the remains described above, held an inspection & inquiry ther Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes \(\mathbb{Z} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), undeter						y state ermined	d above, d □.		
1 29	234 SIGNATURE	ch 4.	Jack	ing & M 24C. NAME/OF CEMETE	238. CHIEF ME ASSISTANT ME I.D. MEDICAL INVE	EDICAL EXA	MINER	Augus	t 11,	
TI	4A. BUILAL, CRIM ON, RIMOVAL (Specif removal	8/12/5	3	Hudson		Hudson			ew Yo	,

New York

ADDRESS

1217 St. Paul Street

V S 151

DATE RECEIVED BY LOCAL REGISTRAR

R-360

BALTIMODE CITY HEALTH DEBARTMENT

53 7999

2	53 72	185	C	ERTIFICAT	E OF DEAT		d No.
_	NAME OF D	ECEACED				10 0.00	
(T	ype or Print)	Ma	ry C. Rii	tter			8-10-53
	PLACE OF D	EATH: City, Maryland	Bal	Lto	4. USUAL RESIDE	NCE (Where deceased lived, B. COUNTY	If institution; residence before admission
В.	FULL NAME OSPITAL OR		al or institution,	give street address of	or M	d.	
IIV	ISTITUTION	2102 Fleet	Street		Baltimo	re , Md.	inits, write RURAL and give
6	enoth of s	tay in Baltimore	Li	fe Yrs.	03.00 73	(If rural, give location)	
	SEX	6. COLOR OR RACE	7. SINGLE, M	Days	8. DATE OF BIRTH	9 AGE (In years)	If Under 1 Year II Under 24 Hours
	F	W	WIDOWED	HIVORCED (Specif	7-30-66	last hirthday)	Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTR		State or foreign country)	12. CITIZEN OF WHAT COUNTRY
			House	wife	Baltimor	e	USA
13	. FATHER'S N	IAME			14. MOTHER'S MA	IDEN NAME	The little and the
		Wm/Henry			Harriett	?	
(Ye	o, was decease	D EVER IN U. S. ARMEI (If yes, give war or dete	FORCES? 10 of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					Mrs Rhoda Th	omas	same
CERTIFICATION	heart failu injury or DISEASES RISE TO T	not mean the mode or, asthenia, etc. It mea complication which of ANTECEDENT CAUSE ON CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	ns the discase, caused death.) SES F ANY, GIVING STATING THE	(A)			gave
ERTI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
				INDINGS OF OPE	ERATION		20. AUTOPSY?
AL		0					YES NO
MEDICAL	21a. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE about home, farm,	OF INJURY (e. g., factory, street, office bldg	, In or 21c. WHERE D	ID (If in Baltimore City	y, give exact location)
2		Month) (Day) (Year)	(Hour) 21E	. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?	
	INJURY		m. WHIL	LE AT NOT WHIL			
	22. I horeh	y certify that I att				1, to ang 8 , 19	53, that I last saw th
	deceased al	ive on any 8	1953 and	d that death occi	urred at # 5 Pm.	from the causes and on	the date stated above
	23A. SIGNAT		7.	0	23B. ADDRESS	11 01 0	23c. DATE SIGNED
	/Legs	mund (Now	an M.D.	408 J. Va	tt, (Yh. (m	Un 4/0,1953
71	AA. BURIAL CON, REMOVAL (S				ERY OR CREMATORY	24d. LOCATION (City, to	wn, or county) (State)
_	Buria		S SIGNATURE	Oak Lawn	1 25. FUNERAL DIR	Baltimore M	ADDRESS
	OCAL REGIST	RAR	D 107.00	Minusa N	25. FUNERAL DIR		

SACTOR SERVICE OF DEATH OF THE OF

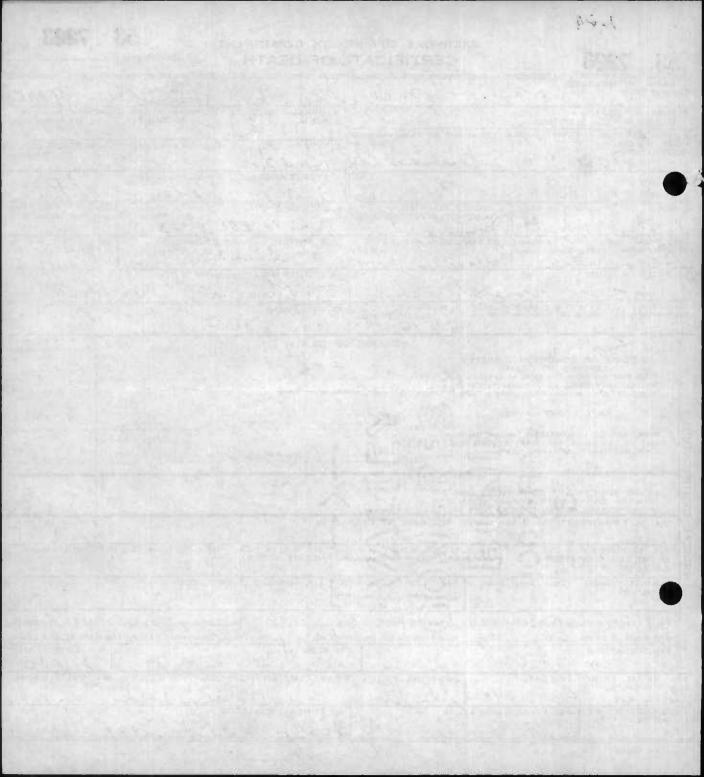
THE PARTY OF THE P

Walled a popular land land and an arrange of the same and a small

special and a second of temporal and the second of the sec

The same of the sa

1	N-8772				
*		BALTIMORE CITY HE	EALTH DEPARTMENT	53	7223
ВІ	53 _{No.} 7223	GERTIFICATI	E OF DEATH	Registered No.	
1.	NAME OF DECEASED	a 7 mu	2. 4	2. DATE OF	91953
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Wh	ere deceased lived. If ins	trution: residence before admission)
HC	FULL NAME OF (If not in hospits	lor institution, give street address or location)			
IN	STITUTION 9/3	stomae St.	C. CITY OR TOWN (If or	utside corporate limits, w	township)
C.	Length of stay in Baltimore	Yrs. Mos. Days	9.3	ral, give location)	St.
	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years If Und last birthday) Month	er l Yeer It Under 24 Hours S Days Hours Min.
10	A. USUAL OCCUPATION (Givokind of	10B. KIND OF BUSINESS OR	12-28-1880 11-BIRTHPLACE (State or fore	eign country) 12	. CITIZEN OF
work	apeute	accorded Lap.	Paland		WHAT COUNTRY
13	FATHER'S NAME	1.	14. MOTHER'S MAIDEN NAM	NE 21 -	N.
15	WAS DECEASED EVER IN U. S. ARMED	FORCES? I 16, SOCIAL	Lalkenn	e reg	oute
(1/6)	, no or unknown) (If yos, give wer or dayor	of service) SECURITY NO.	mrs Stell	a min.	RESS.
	18. 446 X I		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION I	TH C	to helberte		Isday?
	(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which co	ns the disesse,	20 /90000		
	ANTECEDENT CAUS				, D
LION	DISEASES OR CONDITIONS, IF	'ANY, GIVING	de relacions	**************************************	
F	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	ST. Brown	clirt nummin		3-1
FICA		(C)			
ERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT I				
2	TO THE DISEASE OR CONDITION	CAUSING IT.			
AL	19A. DATE OF OPERATION	9B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (o. g., in about bome, farm, factory, atreot, office bidg.,	n or 21C. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	exact location)
Σ	D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	INJURY	m. WHILE AT NOT WHILE			
	22. I hereby certify that I att		ing & , 1953, to a		hat I last saw the
	deceased alive on Cary 9		rred at Good m., from the		date stated above.
	Geo Word	1/24 M.O.	Ab & Catherny	the Au	8/11/33
	3. BURIAL, CREMA- V. REMOVAL (Specify)	24c. NAME OF CEMETE	in Caus Du	CATION (City, town, or	County) (State)
	CAL REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	Dec 2020	DDRESS
	VS 150		- On the	. 4141	- Land



Torrest Committee Spirit

23A. SIGNATURE

24A. BUHIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MARGIN RESERVED FOR BINDING

N.	3	60	BAI	LTIMORE CITY HE	ALTH DEPARTMENT			
	53 72	623		CERTIFICATI		Regist		
1.	NAME OF D 'ype or Print)	PECEASED JAM	ES		RUCKER	2. DATE OF DEATH		
Α.		City, Maryland			4. USUAL RESIDENCE (Where deceased li			
H	FULL NAME OSPITAL OR ISTITUTION	Franklin Squ		cion, give street address or location)				
C.	Length of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give locat Street		
3	sex Male	6.COLOR OR RACE Colored		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In ye last birthda		
	OA. USUAL OCCUPATION (GivekInd of 10B. KIND OF BUSINESS OF INDUS NO. 10B. N. 10B. KIND OF BUSINESS OF INDUS N. 10B. N. 10B. KIND OF BUSINESS OF INDUS N. 10B. KIND OF BUSINESS OF INDUSTRIES.				11. BARTHPLACE (State or foreign country)			
13	B. FATHERS'S 1	NAME	14. MOTHER'S MAIDEN I	NAME				
15 (Ye	s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			
	(This does	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which of	TH of dying, e. ins the disen- caused death	g., (A) Arterio	of DEATH	vascular		
ATION	RISE TO T	ANTECEDENT CAUSES OR CONDITIONS, INTERPRETATION OF THE ABOVE CAUSE (A) YING CONDITION LA	,					
ERTIFIC	TRIBUTING	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED				
U	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION			
MEDICAL	UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	a or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore		
ME	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	WHILE AT WORK AT WORK	ED 21F, HOW DID INJUS	RY OCCUR?		

red No. uly 9, 1953 ved. If institution : residence before admission) dimits, write BURAL and give If Bader 1 Year | If Bader 24 Hours Months: Days Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN Diseas 20. AUTOPSYT YES City, give exact location) 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \(\subseteq \), suicide \(\supremath{\cappa} \), homicide \(\supremath{\cappa} \), undetermined \(\supremath{\cappa} \). 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 6-10-53 ADDRESS



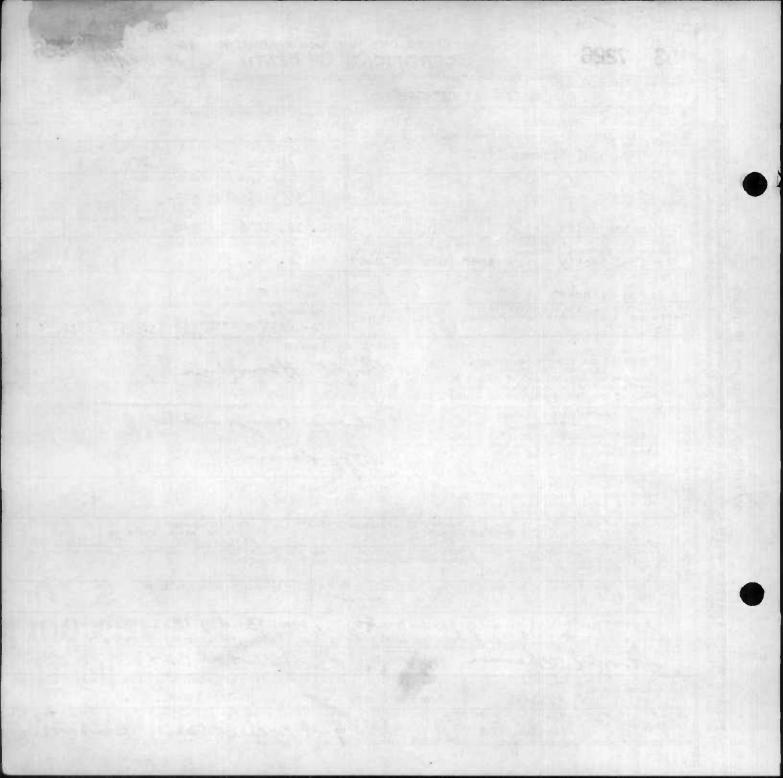
BALTIMORE CITY HEALTH DEPARTMENT

53 מפפרי

53 7226 BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	1000
1. NAME OF DECEASED	Y CATHCART		2. DATE OF DEATH Aug.]	10, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or insti		A. STATE	(Where deceased lived, If inst B. COUNTY	
HOSPITAL OR INSTITUTION 4307 Elderon Ave.	location)	Md. c. CITY OR TOWN (Baltimore	If outside corporate limits, w	rite RURAL and gi
OD II CALLERY	Yrs. Mos.	D. STREET ADDRESS (
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SING	Days GLE, MARRIED.	8. DATE OF BIRTH		. 1 10-1-12 11-1-12
Female White WID	OWED, DIVORCED (Specify) Single	Feb. 12, 1875		et I Year If Under 24 Hous S Days Hours Min
work done during most of working life, oven if retired)	ND OF BUSINESS OR INDUSTRY Tube Business	11. BIRTHPLACE (State or Balto . Md .	foreign country) 12	CITIZEN OF WHAT COUNTR USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	ODA
Aaron Cathcart		Mary Jett Gi		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mrs. Jettie Ev	ens 15 W. Bury West Brighton	Ave. N. Y.
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST.		zestersini	astitu.	
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING TO THE			
WAS PER		CAUSE PART I	RATION WAS RELATED TO OF DEATH, ENTER IN OR PART II	20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	11B. PLACE OF INJURY (out bome, farm, factory, street, office	e. g., in or 21C. WHERE DID bldg., etc.)	(If in Baltimore City, giv	re exact location)
21D TIME (Month) (Day) (Year) (Hour) OF INJURY nn.	WHILE AT NOT WHILE WORK AT WORK		NJURY OCCUR?	
22. I hereby certify that I attended to deceased alive on 19		9 , 1953 to A	try 10, 1953, t	hat I last saw t
23A. SGNATURE & Sharman		0	the causes and on the	aate stated about 135, DATE SIGNE
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE		LOCATION (City, town, or	county) (State
Burial 8/13/53	Loudon P ark	DE CUMEDAL DIDECTOR	ltimore, Md.	NDDECC.

Tackers some

VS 150



about home, farm, factory, street, office bldg., etc.)

WHILE AT

WORK

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR? AT WORK

22. I hereby certify that Kartended the deceased from and that death occurred at. 23 ADDRESS

240. NAME OF CEMETERY OR CREMATORY

timore.

2. that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 2.D. LOCATION (City, town, or county)

ADDRESS

Edmondson

24A DURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

19

LYING OR CONTRIBUTING

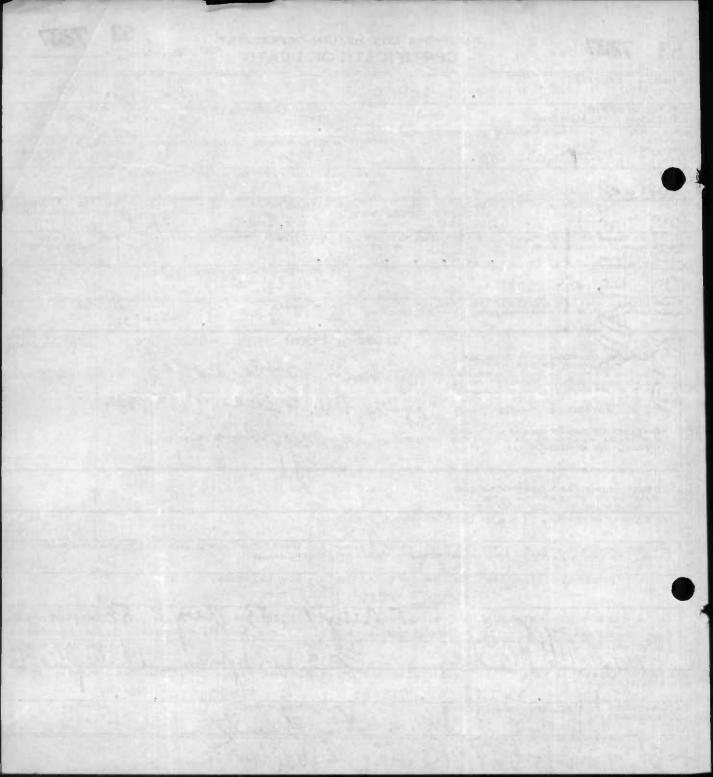
21D. TIME (Month) (Day) (Year) (Hour)

CAUSE OF DEATH

3A. SIGNATURE

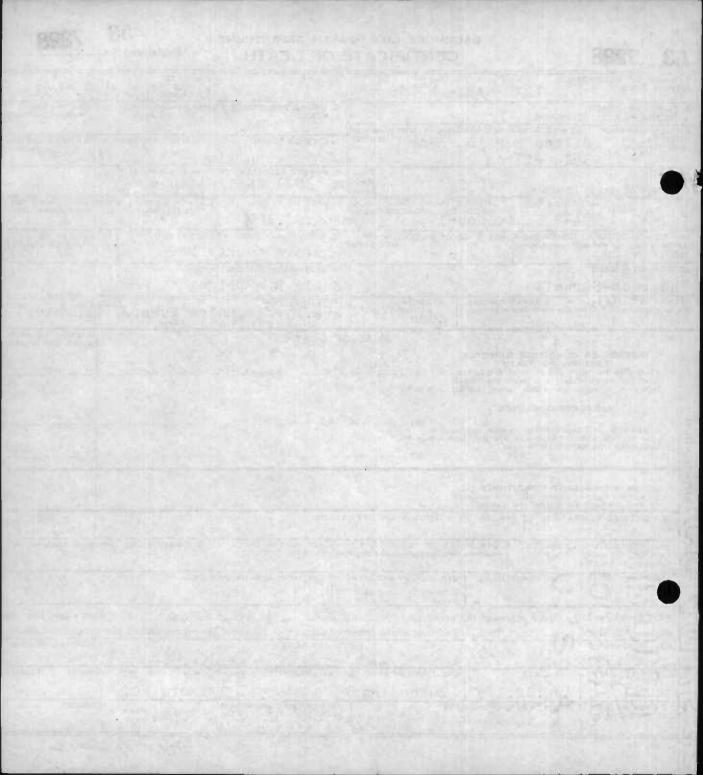
deceased alive of

DF INJURY



1	11-2	00					
E	3 NO.72	28	BALTIMORE CITY HE CERTIFICATE		Registered	53 7 H No	258
	NAME OF D				2. DATE		
(T	ype or Print)	IDA	MARY MEISE		OF Aug	ust 9.	1953
	PLACE OF D Baltimore (EATH: City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, B. COUNTY		n ; residence efore admission)
	FULL NAME		al or institution, give street address or location)	Md.	outside corporate lin	mita write H	TIPAT and give
IN	STITUTION	3520 Hil	ursing Home location!	Baltin	19	0	township)
C	Ourth of s	tay in Baltimore	70 yrs	D. STREET ADDRESS (If a 3021 Abell	rural, give location)		
	sex emale	6.COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) WIDOWED	B. DATE OF BIRTH Aug. 22.1865	9. AGE (In years last birthday)	lf budar I Year Months Day	
10	A. USUAL OC	CUPATION (Give kind of pf working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CIT	IZEN OF
H	ousewil	е		Harford County		1 "1	AI COUNTRY?
	. FATHER'S I			14. MOTHER'S MAIDEN NA			
Shadrach Streett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL			FORCES? 16. SOCIAL	Julia Ann Wrig		ADDRESS	
(Yes	n, no or nnknown)	(If yes, give wer or date	security No.	Mrs. Myrtle Mei		d (Dai	ighter)
ERTIFICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEAT i not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUSE SOR CONDITIONS, IF HE ABOVE CAUSE (A) (ING CONDITION LA	if dying, e. g., (A)	bral Tassulu esis selevis	assidust	/3	whs
CERT	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATEO				
	19A. DATE C	F OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION			. AUTOPSY?
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., in about bome, farm, factory, street, office bldg., e	a or 21c. WHERE DID (Into.) INJURY OCCUR?	f in Baltimore City	y, give exac	
-	210. TIME INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE MHILE AT NOT WHILE AT WORK		OCCUR?		
	22. I hereb deccased a 23A SIGNA	live on 8/8/5	ended the deceased from	93/, 19, to 8, red at 2:154 m., from the 3B. ADDRESS		the date	l last saw the stated above. DATE SIGNED
TIC	Burial (S Burial		. 1953 Loudon Parl	c Cemetery Bart	cation (City, to		y) (State)
	ATE RECEIVE CAL REGIST	D BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR HENRY SANDER & Baltimore Md.	sons.Inc	C. ADDRE	ess

VS 150

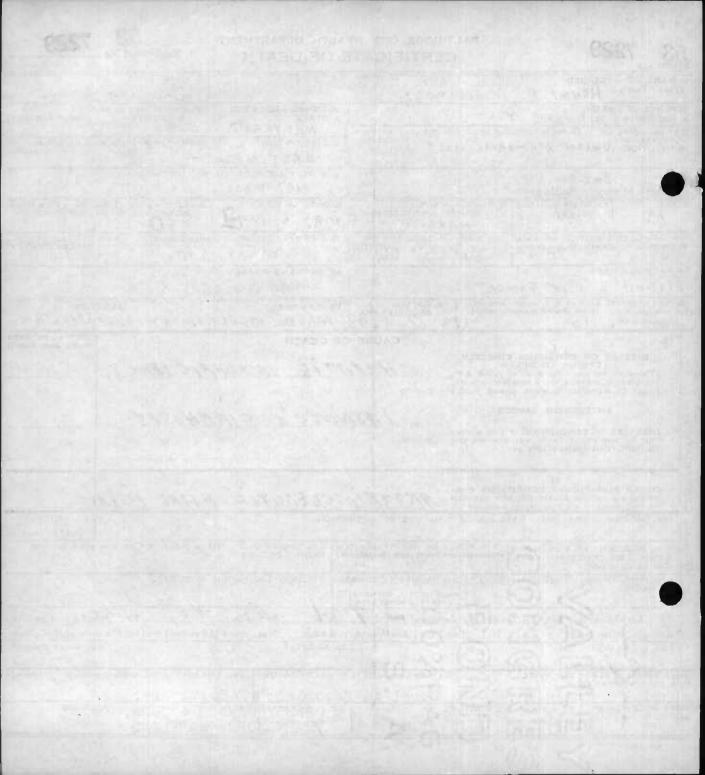


1	11-0	3					
7		20	BAL	TIMORE CITY HE	ALTH DEPARTMENT	53	7220
BI	3 72 RTH NO.	59		CERTIFICATI		Registered No	1663
	NAME OF D	HENRY A		ACE MONTGO	OMERY)	OF DEATH AUG	9, 1953
	PLACE OF D	EATH: City, Maryland	YES		4. USUAL RESIDENCE (V		stitution : residence before admission)
В.	FULL NAME			ion, give street address or	MARYLAND	8	Delore waterission,
	STITUTION	UNION ME	EMORIAL H	OS PITAL location)	C. CITY OR TOWN (If	outside corporate limits.	
					BALTIMORE	-13	township)
		ENTIRE L	IFE	Yrs. Mos.	D. STREET ADDRESS (If	,	
C.		tay in Baltimon		Days	3127 MARECE	AVE. BALTO.	13, MD.
5.	M	6. COLOR OR RA	WIDOW	E, MARRIED. FED, DIVORCED (Specify) ARRIED	MAY 6, 1893	9. AGE (In years if the last birthday) Mont.	der 1 Year hs: Days Hours Min.
10	A. USUAL OC	CUPATION (Givek	indef 10s. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country)	2. CITIZEN OF
	MECHA	NIC FOR	eman Sta	ndard Oil Co		AND	WHAT COUNTRY!
	FATHER'S				14. MOTHER'S MAIDEN NA	··· · · =	
		B. MONTG			SARAH ANDR	EWS	
(Ye	. WAS DECEASI	ED EVER IN U, S. A. (If you, give war or	RMED FORCES? r dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
4	NKNOWN	No	21	13-05-8292	MAUDE MONTO	GOMERY 3127	MARECO AVE,
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	EE OR CONDITION LEADING TO IS not mean the mo tre, asthenia, etc. It complication whi ANTECEDENT C S OR CONDITION HE ABOVE CAUSE YING CONDITION	DEATH Jode of dying, e.g. means the disease ch caused death AUSES JS, IF ANY, GIVIN (A) STATING TH	e, DUE TO (B) LAE	ATIC INSUF		
CERTIF	TRIBUTING	II IGNIFICANT CO TO THE DEATH, I ISEASE OR CONDI	BUT NOT RELATE TION CAUSING I	DARTERIO	SCLENOTIC	WEART PISE	S.F.
AL	TON, DATE C	O' EKATION	, I I S B. MASON	TINDINGS OF OFER	ATTON		YES NO
MEDICAL		ENT WAS UNDE R CONTRIBUTION DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		f in Baltimore City, giv	
	21D. TIME	(Month) (Day) (Y	Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR7	
			m.	WHILE AT NOT WHILE		- /	
	22. I hereb	u certify that I	attended the	deceased from	26 195 3 to	8/9 19/3	that I last saw the
33	deceased al			and that death occur		he lauses and on the	
	23 SIGNA				38. ADDRESS		23C. DATE SIGNED
	Lan	le 6- 81.	Quice	<i>м.</i> р.	UIVIN		819/13
24 TIC	N. REMOVAL (S	CREMA- 24B. DA	TE 2	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town, or	coupty) (State)
	Burial	Aug	13, 1958	Moreland N	Memorial PN Ba	altimore, Md	
	TE RECEIVE		AR'S SIGNATU	Williams M.	25. FYREMRY SANDE		
_		144					

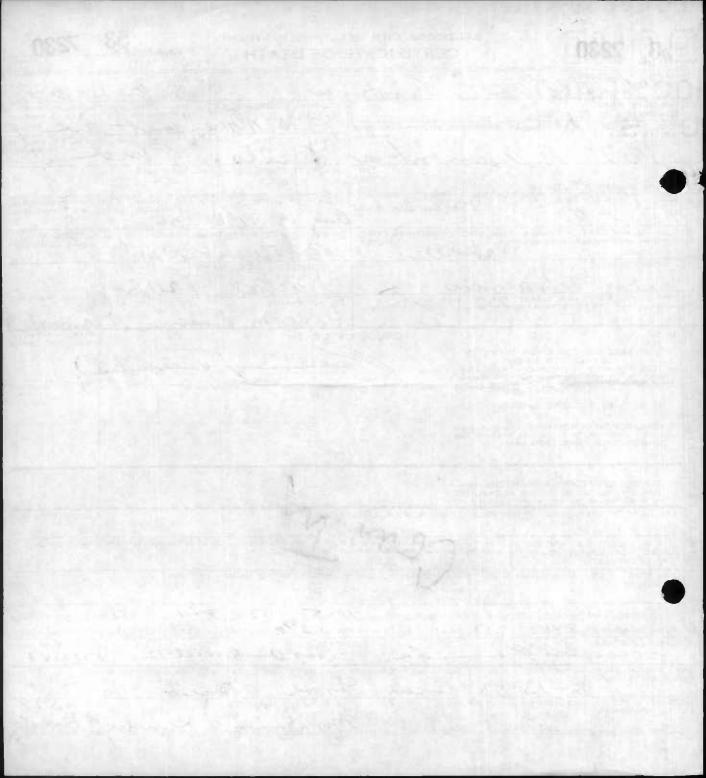
VS 150

52345

Sey 7 Runden.



	-6	52		C+	AR NIES			
		UT CAN OU	BAL	TIMORE CITY HI	EALTH DEPART	MENT	53	7000
В	17 JIRTH No. 7	230		CERTIFICAT	E OF DEAT	Н	Registered No	1230
	NAME OF D Type or Print)	ECEASED ONO	1 &	Char	nes	2.	OF DEATH 8	11-53
	. PLACE OF D . Baltimore (EATH: City, Maryland		2 44 102 4 6	4. USUAL RESIDE	ENCE (Where	e deceased lived. If in	stitution : residence before admission)
	FULL NAME	OF (If not in hospit	tal or instituti	on, give street address or location)	13101	1 Hren	mont	are
11	VISTITUTION	70 70	Inn.	- D. L. W.	c. CITY OR TOWN	(If outs	ide corporate limits,	write RURAL and give township)
C	gth of s	tay in Baltimore	1 Juni	Yrs. Mos. Days	D. STREET ADDRE	ESS (If rura	l, give location)	5-01
5	. SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	1 9.	AGE (In years Went	nder I Year If Under 24 Hours ths: Days Hours: Min.
0	nale	70.		- Coperation Coperation	aug 13 -	1896	56	ns Days Hours Min,
1(DA. USUAL OC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BUTHPLACE (S	State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S N	NAME 0	1a avo	wi	14. MOTHER'S MA	IDEN NAME	re mal	
<	210.01.	1000	4	/ -	A)	72	1
n:	5. WAS DECEASE	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	Jach	el	deri	1 012/
(Ye	ee, no or nnknown)	(If yee, give war or date	e of service)	SECURITY NO.	17. INFORMANT	1.0	AD(PRESS 8/2
-	18. 000			CALISE	OF DEATH	1 John	son 4	INTERVAL BETWEEN
	00-	SE OR CONDITION	DIRECTLY	CAUSE	OF BEATH			ONSET AND DEATH
		LEADING TO DEA	TH	111	ulmone	my V.	wherenda)
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
		ANTECEDENT CAUS						
Ž								****
CATION	DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
CA	ONDERLI	TING CONDITION LA	451.	(C)			***************************************	***
Œ		11	-					
ERTI		IGNIFICANT COND						1 3 7 5 1 1 1 1
C	TO THE D	ISEASE OR CONDITION	CAUSING IT					
Ļ	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
DICA	214 ACCID	FNT WAS HADER	218. PLA	CE OF INJURY (e.g., i	n or 21c. WHERE D	OID (If in	Baltimore City, giv	YES NO Ve exact location
MED	CAUSE OF DEATH							
~	21D. TIME ((Month) (Day) (Year,	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID	INJURY OC	CCUR?	
			m.	WORK NOT WHILE				
	22. I hereb	y certify that I att	tended the	deceased from	7.25 195	3 to 8	11 , 1953	that I last saw the
	deceased al	live on 8-11	., 1953.	deceased fromand that death occur	red at 3 3 P. m.	, from the c	auses and on the	date stated above.
	23A. SKENAT	THRE 100	5)		38. ADDRESS	0 11	'00 n	23c. DATE SIGNED
2	4A. BURIAL, C	REMA- 24B, DATE	- Lanes	AC. NAME OF CEMETE	23-9 Un	1000	the I done	8.12.53
TI	ON, REMOVAL (S	pecify)	752	8)	21 - 0	24D. LOCA	TION (City, town, or	r county) (State)
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATU	RF.	25. FUNERAL DIR	ECTOR	CH C	ADDRESS 378
L	OCAL REGIST	RAR	· -	1120 110 542	3n. m7 2	5	1/. 1	W Bidell
-	106 121	Jag I Junk	nelow	A WK WK CALLERY	maran	us of	Hemster) wada w
,	VS 150		0		22066			7



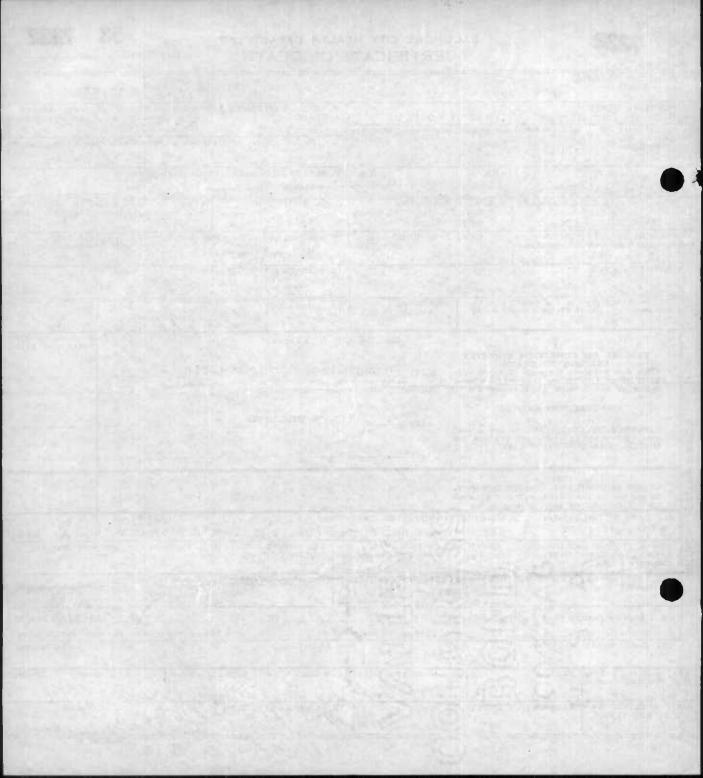
1-520	
53 7231 BALTIMORE CITY HEALTH DE	PARTMENT 53 7231
CERTIFICATE OF DE	EATH Registered No.
1. NAME OF DECEASED (Type or Print) Welleam A. Jones	2. DATE OF Aug 141953
A. Baltimore City, Maryland	RESIDENCE (Where deceased live). If institution: residence before addission)
B. FULL NAME OF (If not in hospital of Institution, give street address or location) C. CTY OR INSTITUTION	TOWN (If outside corporate limits, write RURAL and give
Yrs. D. STREET	ADDRESS (If rural, give location)
c. ogth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF	Madesau Cas BIRTH 9. AGE (1) years 11 Under 1 Year 11 Under 24 Hours
MIDOWED, DIVORCED (Specify) July 7	9. AGE (in years If Under I Year If Under 24 Hours Min.
10a. USHAL OCCUPATION (Give kind of ork defined type most of working life, even if retired) Jeneus State Work	ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER	D'CX
15. WAS DECEASED EVER IN U. S. ARMED FOREST 16. SOCIAL 17. KITORM	relea (has mans Centheren
(Yes, do or unknown) (If yes, give war or dates of street) SECURITY NO.	a pour Belinei 11 d
18. 420,1 CAUSE OF DEATH	INTERVAL NETWEEN
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	y Occlercan Okacer
injury or complication which caused death.) DUE TO	16
ANTECEDENT CAUSES (B) Calculations	& clemen Jackerson
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) INJURY	ERE DID (If in Baltimore City, give exact location) OCCUR?
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HO	W DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certificithat I attended the deceased from Number 11	, 1953, to fleg 1, 1953, that I last saw the
23A. SIGNATURE 23B. ADDRESS	Vim., from the causes and on the date stated above
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMA	TORY 24D. LOCATION (4ty, town, or county), (State)
TION, REMOVAL (Specify) 8-14-53 national Cen	, Balti md
DATE RECEIVED BY REGISTRAR'S SIGNATURE T25. FUNERAL COLOR REGISTRAR	L DIRECTOR ADDRESS 578
VS 150	anus a partient 10 1200 de
150 GA	LITTLE OF EACH OF SHEET

million of the 1657 rolling Car Janteman Cake And the second and the second of the second field to the second of the second The second College of House 1820 Best former plans Brown Showing Showing Marie Comment of the distant of the second they is March Comment of the State of t

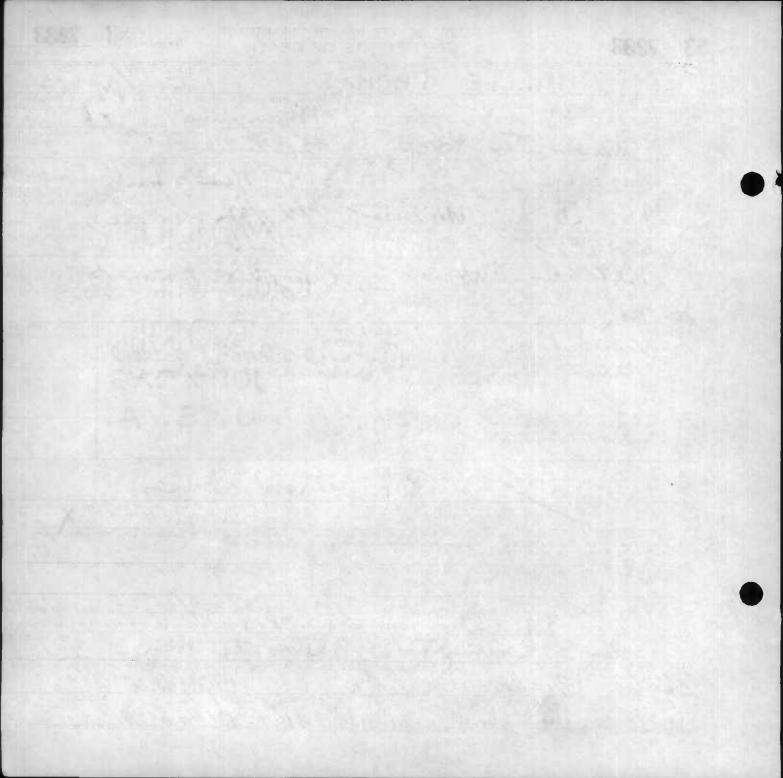
1	0
53	7232

53	7232
. 1 37.	

53 7232 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No								7232
1.	NAME OF I	DECEASED Make B	rown				2. DATE OF DEATH 8/11/	53
A.]	Baltimore	City, Maryland St	Josep!	h Høspita	,	4. USUAL RESIDENCE (V	1 DECITION 1	
HO	SPITAL OR	St. Joseph I			cation)	c. CITY OR TOWN (If	cutside corporate finits, w	rite RURAL and give township)
G.	noth of	stay in Baltimore	20 y	rs.	Yrs. Mos. Days	D. STREET ADDRESS (If 1922E. Jeffers		
	mele	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED, ED, DIVORCED		8. DATE OF BIRTH 7/1/02	9. AGE (In years lift Unday) Month	r l Year s Days Hours Min.
10A	. USUAL O	CCUPATION (Give kind of tof working life, even If retired)	A	OF BUSINESS	OR USTRY	11. BIRTHPLACE (State or for N. Carolina	oreign country) 12	CITIZEN OF WHAT COUNTRY
13.	FATHER'S	1 10				14. MOTHER'S MAIDEN N.	AME	
15.	WAS DECEAS	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL		mary:	ADD	REŞS
(Yes,	no or naknowa	(If yes, give war or date	of service)	SECURITY		mary Kan	1.1922 1	luson St
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Pri mary unknown (B) DUE TO COTHER SIGNIFICANT CONDITIONS CON-						INTERVAL BETWEEN	
DICAL	8/7 - 21A. ACCII	8/11/53 DENT WAS UNDER-	Abdome	CE OF INJURY	oper	ned due to patien	dition. t's poor con-	20. AUTOPSY? YES NO exact location)
MEI	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) D. TIME (Month) (Day) (Year) (Hour) MILE AT NOT WHILE AT WORK TM. WORK							
				and that death	occur		he causes and on the	
TIO	A. BURIAL, N. REMOVAL (Specify) aright	1/5-3	My. C	emeter	RY OR CREMATORY 24D. L.	a. County	md
	TE RECEIVE		SIGNATU	RE PARTY DE	M	25 FUNERAL DIRECTOR	Eller &	Rugher
	VS 150		0	9	709	9 112971.60	eroline ST.	



T-520 53,7233	BALTIMORE CITY HE CERTIFICATI		Registered No.	7233
1. NAME OF DECEASED (Type or Print)	IE THOM	4. USUAL RESIDENCE (W	2. DATE OF DEATH	153
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or HOSPITAL OR	r institution, give street address or location)	1. STATEMangle	outside corporate limits,	, before admission
institution have only	Yrs.	D. STREET ADDRESS (If	rural, give location)	township
Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7.	Mos. Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	6. DATE OF BIRTH	9. AGE (In years last birthday) Mont	der I Year H Under 24 Hours hs Days Hours Min.
	DB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 1:	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NATE LEVEL 13.	homas	14. MOTHER'S MADEN NA	Barne	G-
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of a	DRCES? 16. SOCIAL SECURITY NO.	17. AFORMINE	ADI	INTERVAL BETWEEN
O DISEASE OR CONDITION DIE LEADING TO DEATH (This does not mean the mode of die heart failure, asthenia, etc. It means to injury or complication which caus	ving, e.g., (A) OF (A) Correction of the disease, ed death.)	eroseland	e Cordin	ONSET AND DEATH
DISEASES OR CONDITIONS, IF AN UNDERLYING CONDITION LAST.	ATING THE DUE TO			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B.	ATED TO THE TORU	vethral al	breez	
WAS V 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	CONDITION FOR WHICH OF FERFORMED 218. PLACE OF INJURY (about home, farm, factory, street, office	CAUSE OF PART I C	TION WAS RELATED TO F DEATH, ENTER IN OR PART II If in Baltimore City, gr	YES NO Dive exact location)
DEATH (Notify Medical Examiner) 2 1D. Time (Month) (Day) (Year) (Ho OF INJURY) 22. I hereby certify that I attend deceased alive on	pur) 21E. INJURY OCCURRI WHILE AT NOT WHILE M. WORK AT WOR	LE	URY OCCUR?	
22. I hereby certify that I attend	19.3 2 and that death occar		he causes and on the	that I last saw the date stated above
23 SIGNATURE S. CO.	M. D.	RY OR CREMATORY 240	CATION (Contown, or	23c DATE SIGNED
deceased alive on 1 23 SIGNATURE 24A. BURIAL. CREMA- TURI REMOUND (Specify) DAFE RECEIVED BY REGISTRAR'S S LOCAL REGISTRAR	53 Opelita	5. FUNERAL DIRECTOR	alika o	ADDRESS 3 2 2
AUG 1 2 1853 1 Junling	on Walings Hy	MINA PROBLEM X. MILL	ASSTOR II.A	Will Hall the

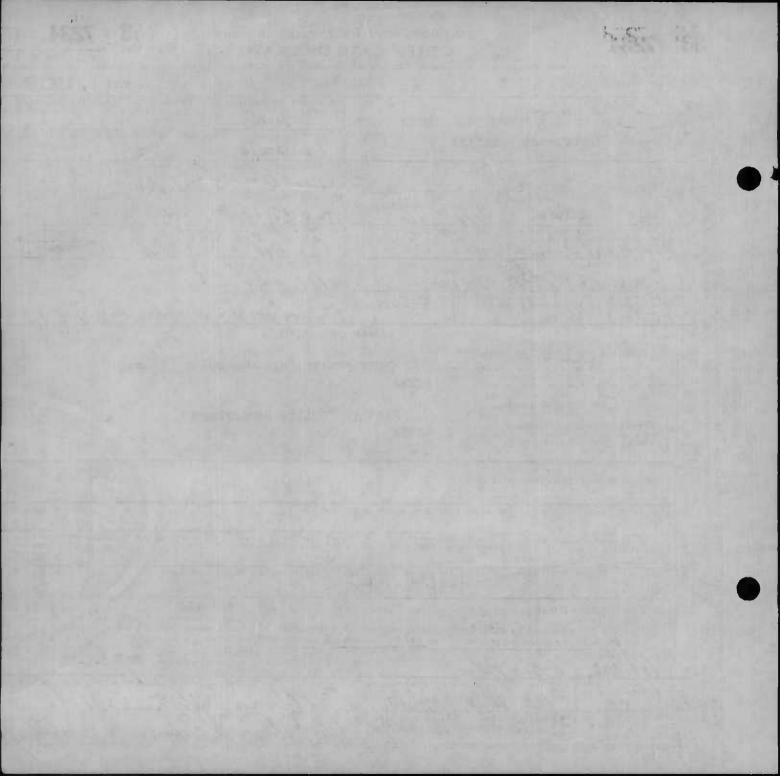


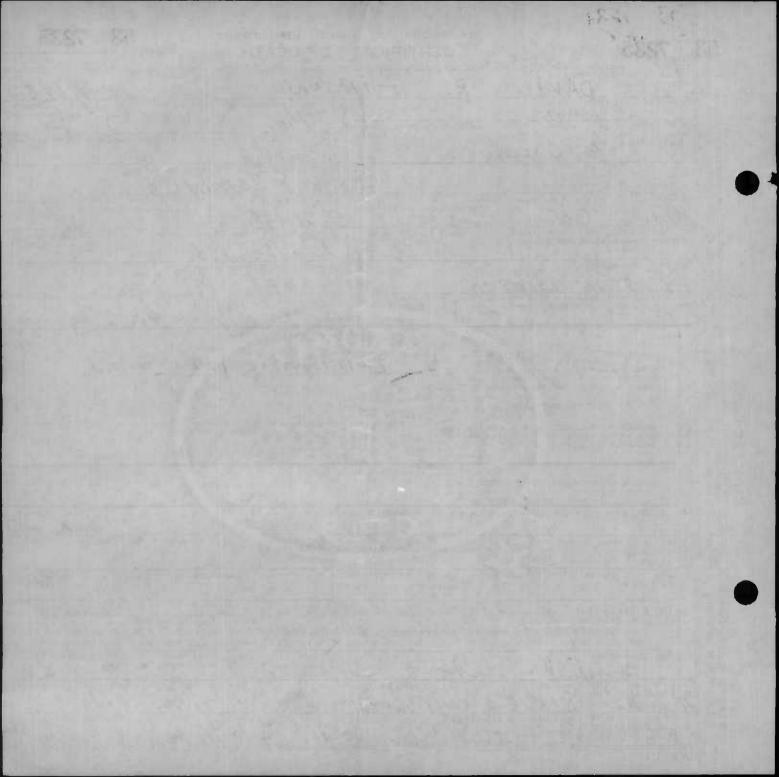
MARGIN RESERVED FOR BINDING

	M-252 3 7234 BIRTH NO.
1	1. NAME OF DECEASED

5	3	7234				EALTH DEPARTM E OF DEATH		ටර Registered No	7234	
	1.	NAME OF D	ECEASED	OY	MC	KINZIE	2. DA	TE August	4, 1953	
	3. PLACE OF DEATH: A. Baltimore City, Maryland 8. FULL NAME OF f not in hospital or institution, give street address or					4. USUAL RESIDEN A. STATE Maryland	CE (Where dec			
	HOSPITAL OR INSTITUTION Provident Hospital					c. CITY OR TOWN Baltimore	(If outside o	orporate limit	write KURAL and give	
2	Yrs. Mos. C. Length of stay in Baltimore Days					D. STREET ADDRESS (If rural, give location) 1619 Pruid Hill Ave.				
		male	colored	W SOWE	D, DIVORCED (Specify)	Aug 31, 19	18 37	birthday) Mont	der i Year II Under 24 Hours hs: Days Hours Min.	
-	10A. USUAL OCCUPATION (Give kind of work denoduring most of working life, even if retired) APPEN AN MARINE					Cueto	C U	intry) 1:	2. CITIZEN OF WHAT COUNTRY	
		Sam.	40/ ME/	TENZI	B	Ailes	DEN NAME			
		NAS DECEASE no or unknown)	ED EVER IN U. S. ARME (If yes, give war or dat		16. SOCIAL SECURITY NO.	Rachel John	lan 13	ADE 0 W./42	St ny-C	
		(This does	SE OR CONDITION LEADING TO DE s not mean the mode re, asthenia, etc. It me complication which	ATH of dying, e.g.	, · , Hyperte	of DEATH	ascular I)isease	ONSET AND DEATH	
	ATION	RISE TO T	ANTECEDENT CAL S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L	IF ANY, GIVING	3 vvvvv	Pontine Hemo	rrhage			
	ERTIFIC	TRIBUTING	II SIGNIFICANT CONE TO THE DEATH, BUT SISEASE OR CONDITION	NOT RELATED						
	U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER								YES X NO	
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- OR CONTRIB- OR CAUSE OF DEATH. 21b. PLACE OF INJURY (e. g., in or INJURY OCCUR? (If in Bultimore City, give exact location INJURY OCCUR?)							e exact location)		
	2 1D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK									
	22. I certify that I took charge of the remains described above, held anautopsy thereon and the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and Math in my opinion resulted from: natural causes [X], accident \[\subseteq \], suicide \[\subseteq \], homicide \[\subseteq \], undetermined								thereon and from day stated above letermined □.	
20	23a, SIGNATURE 23b, CHIEF MEDICAL EXAMINER						ER 23c ER 3 8	DATE SIGNED		
	30	A. BURIAL, ON REMOVAL (S	8/13/	1953 0	Ballo. Ha	LONAL COM	Ball	5	HA	
		TE RECEIVE		S SIGNATUI	Vitliaguas Mal	25 JUNERAL DIREC	TORN A	1 90	DDRESS 329	

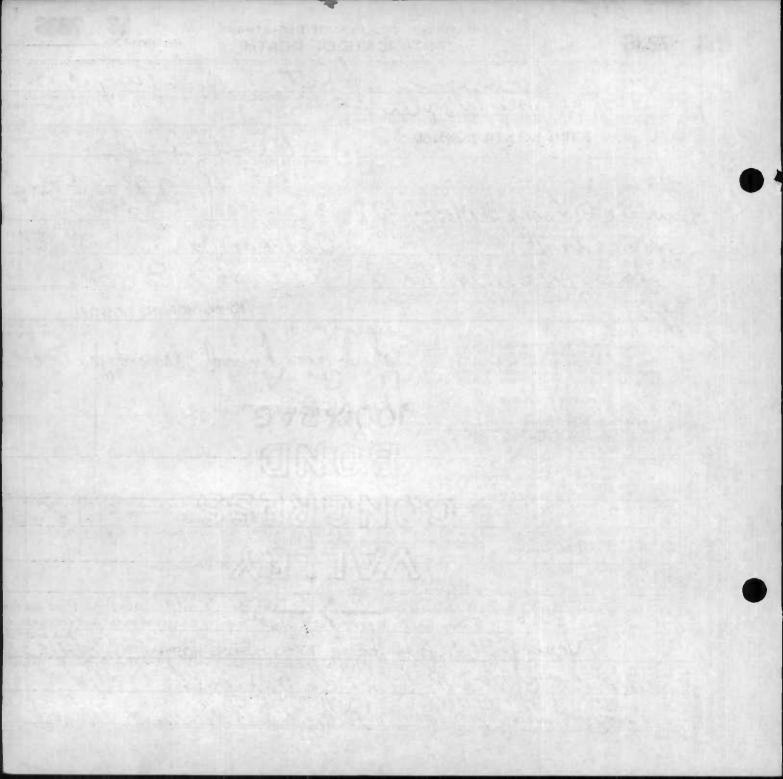
67355





BALTIMORE CITY HEALTH DEPARTMENT

Registered No. DEATH (Where deceased lived, If institution : residence B. COUNTY before admission) write RURAL and give township) (If outside corporate limit 9. AGE In yours II Under I Year II Under 24 Hours last birth ay) Months Days Hours Min. If Under 24 Hours 12. CITIZEN OF WHAT COUNTRY? **ADDRESS** JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY1 21C. WHERE DID (If in Baltimore City, give exact location) 1953 that I last saw the 23c. DATE SIGNED 240 LOCATION (City, town, o) (State) ADDRESS

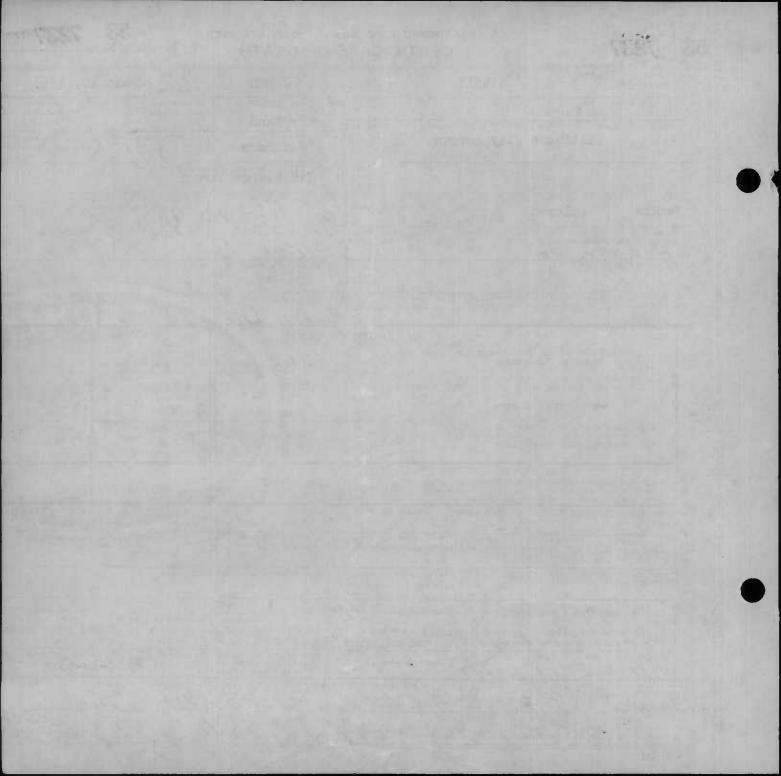


MARGIN RESERVED FOR BINDING

116	J.	- 6	5	2	0
5 3	BIRT	77 H N	33	7	

BALTIMORE CITY HEALTH DEPARTMENT

3 7237 BIRTH NO.	CERT	IFICATE	OF DEATH	Registered	No.
1. NAME OF DECEASED (Type or Print)	WINNIE		JAMES	2. DATE OF Augu	st 10, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryla: B. FULL NAME OF finetal	nd		4. USUAL RESIDENCE A. STATE Maryland		
HOCDITAL OD	e City Morgue	* ** * -	c. CITY OR TOWN Baltimore	(If outside corporate li	nits, write RURAL and give township
c. Length of stay in Baltin	nore	Yrs. Mos. Days	715 Pierce	(If rural, give location) Street	
female 6.COLOR OR colore	· IIII DOWNED DIVIDE		6 1857	9. AGE (in years last hirthday)	Months Days Hours Min
IOA. USUAL OCCUPATION (Giork done during most of working life, even in the control of the contro	vekind of 108. KIND OF BUSI	INDUSTRY	AIKEN State	3.C.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			4. MOTHER'S MAIDEN	NAME	
(If yes, give wa		JRITY NO.	7. INFORMANT DIX	ON	ADDRESS
18.422.1		CAUSE O			INTERVAL BETWEE
DISEASES OR CONDITION RISE TO THE ABOVE CAU UNDERLYING CONDIT	ONS, IF ANY, GIVING SE (A) STATING THE DUE TO TO THE DUE TO TO THE DUE TO TO THE DUE TO				
TRIBUTING TO THE DEAT TO THE DISEASE OR COI	H. BUT NOT RELATED				
19A. DATE OF OPERATION	198. MAJOR FINDING	S OF OPERA	TION		20. AUTOPSY?
21A. EXTERNAL CAUSE VI UNDERLYING OR CON UTING CAUSE OF D	ITRIB - shout home, tarm, factory, et			(If in Baltimore City	v, give exact location)
21D. TIME (Month) (Day) OF INJURY	m. WHILE AT WORK	NOT WHILE			
	k charge of the remains		Autops	sy. Inspection or Inquir	ry .
and death in my of	ed by said Autopsy, Inspointing resulted from: nat	pection or In ural causes	🖹, aceident 📋, suiei	dc [], homieide []	, undetermined
23A SIGNATURE	Bank	M.D	23B. CHIEF MEDICA ASSISTANT MEDICA MEDICAL INVESTIG	AL EXAMINER	
24a. BURIAL. CREMA- TION, REMOVAL (Specify)	2/1963 W	COL CEMESER'S	OR CREMATORY 240	City, tov	(State)
DATE RECEIVED BY REGILLOCAL REGISTRAR	Turton Haliau	in Mig	FUNERAL DIRECTO	Religions	ADDRESS 99.20
V S 151	7		COLUMN COLUMN	CANAL DE	

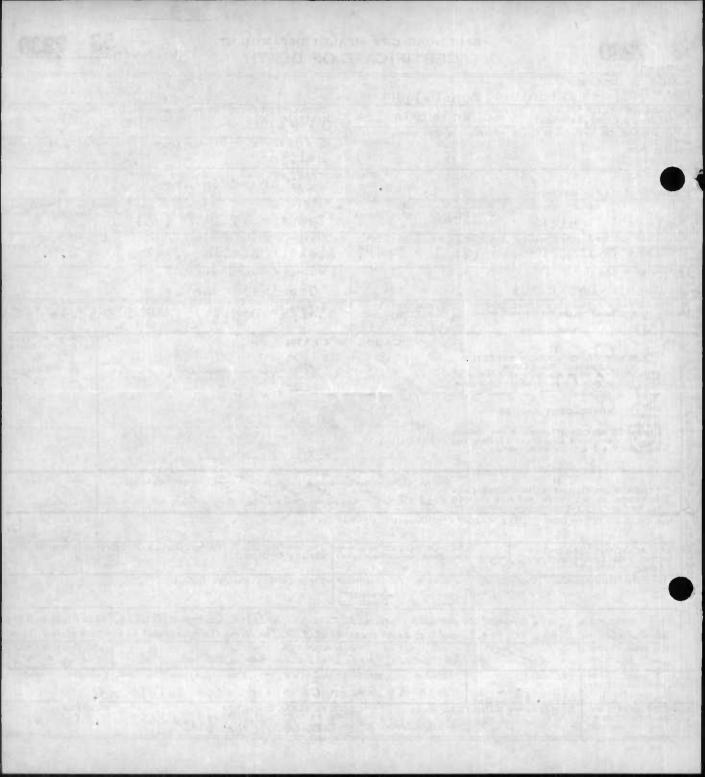


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived.) Institution, residence B. COUNTY before idmission) 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write KURAL and give INSTITUTION township) Yrs. (If rural, give location Mos. length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WOOWED, DIVORGED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekinder) 108, KIND OF BUSINESS OR CE (State or foreign country) 12. CITIZEN OF work done during must of working life, even if retired) WHAT COUNTRY INDUSTRY aponem MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no of pokoowo) (If yes, give war or dates of service) SECURITY NO. 18. 4443 CAUSE OF DEATH ERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., 10 CARDIAL FAILURE heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES PERTENSIVE CARDIO-YASCULAR PISEASE 6 YTS CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! JUNE 22. I hereby certify that I attended the deceased from_ 1947, to aug , 1952, that I last saw the _, 1953. and that death occurred at 2:45P m., from the causes and on the date stated above. deceased alive on 3 - 8 23A. SIGNATURE 23c. DATE SIGNED ones M. D 24A. BURIAL, CREMA CREMA-24C. NAME OF CEMETERY 24B. DATE aurid DATE RECEIVED BY STEAR'S SLONATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

D-534 53 7239

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	o / De			CERTIFICA	TE	OF DEATH	Registe	ered No		do do do
_	IRTH NO.									
1. (T	NAME OF D Type or Print)	Antoni	o Do	natelli			2. DATE OF DEATH	August	10	53
Α.		City, Maryland	3701 E	chedale Av	A	. USUAL RESIDENCE	(Where deceased livers B. COUN'	zed. If institut TY		idenee dmission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi	ital or instituti	ion, give street addres locat	S OF		(If outside comorate	maits, write	RURAI	L and give township)
C.	Length of s	tay in Baltimore		67 Vrs.M	rs. D	STREET ADDRESS	(If rural, give location ale Ave	on)		
	sex Male	6.COLOR OR RACE		MARRIED.	cify) 8.	January 17	9. AGE (In year last birthda)	ars If Under 1 Y W) Months D		nder 24 Hows urs Min.
1C	A. USUAL OC	CUPATION (Givekind of working life, even if retired		of Business of	rmv	Ateleta Aqui		1A/	HATS	OF DUNTRY
13	FATHER'S	NAME			1/	4. MOTHER'S MAIDEN	NAME		-	-
		o Donatell		Saltasion		Carminella	a Sciulle		-	
15 (Ye	a, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITYON	35	HATTMANT Don:	atelli 370	Ol ADDRES	iale	AVE
ICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L	of dying, e. g ans the disease caused death. SES	(B)	es.	Jones	mio , _!	3//:	3 0	lays.
CERTIF	TRIBUTING	II SIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D 2) and	de	Telestic e	ir ulce udion	~	2) nole	in.
CAL	19A. DATE C	OF OPERATION	198, MAJOR	FINDINGS OF O	PERAT	ION			O. AUT	OPSY?
MEDIC	LYING OI CAUSE OF		about home, f	CE OF INJURY (e. arm, factory, street, office b	ldg.,etc.)	21c. WHERE DID INJURY OCCUR?	(If in Baltimore	City, give ex	aet loeat	tion)
	F INJURY	(Month) (Day) (Year		WHILE AT NOT WE WORK AT WO	HILE	21F. HOW DID INJU	JRY OCCUR?			
	deceased		tended the	deceased from and that death of		dat 9:45Am., from	ange 10,	on the dat	e state	d above
	23A. SK. NA	ras //	//-	M.D.	168	ADDRESS COL	Pd. *	i. a	uge 1	SIGNED
TI	Burial Burial					Cemetery 4		ir Rd.		(State)
	ATE RECEIVE		SIGNATU	RE / Hieron	10	FUNERAL DIRECTO		S22 S.H		S



	5-530			
5	0 /6411	EALTH DEPARTMENT	Registered No. 7240	
В	IRTH NO.	E OF DEATH	100000000000000000000000000000000000000	
	NAME OF DECEASED Gona M. Sy	nith	2. DATE OF DEATH Queg 12, 1853	_
A.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	here deceased lived thistitution: residence B. COUNT before admission	n)
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR STITUTION 5-72 / Masco Place		outside corporate limits, write RURAL and g	
C	Yrs. Mos. Length of stay in Baltimore Days	5771 7/2	rural, give location local	
7	12 COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) What Married	8 DATE OF BIRTH	9. AGE (In years M Under Year H Under 24 Ho Hours Mi	
1C wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12. CITIZEN OF WHAT COUNTR	Y7
13	Henry Granling	14 OTHER'S MAIDEN N	me	
1 : (Ye	s. WAS DECEMBED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO.	Leroy L. Smith	5-721 Hasco Place	=
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A)	remone of	Cervy 6 month	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Generaly ed	Motastasia	

11 OTHER SIGNIFICANT CONDITIONS CON-

218. PLACE OF INJURY (e. g., In or

about home, farm, factory, street, office bldg., etc.)

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

(If in Baltimore City, give exact location)

20. AUTOPSY?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT

NOT WHILE WORK

21c. WHERE DID

INJURY OCCUR?

I hereby certify that I attended the deceased from. 19.53. and that death occurred at deceased alive on

1953 that I last saw the m., from the dises and on the date stated above.

23A. SIGNATURE

238. ADDRESS

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24 NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or old

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

untrylow

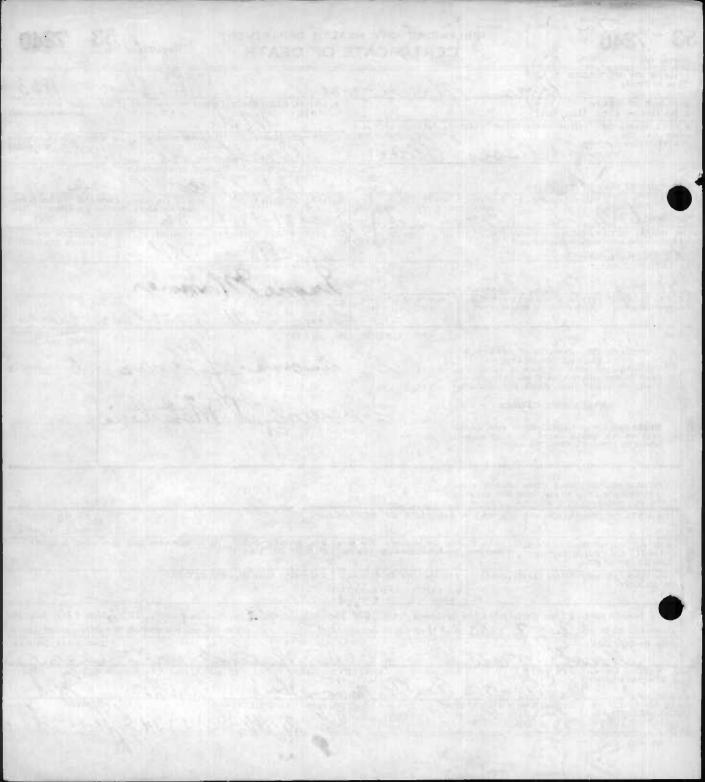
PATE

DIRECTOR

VS 150

CERTIFICA

MEDICAL



1. NAME OF DECEASED

Ever weine

BIRTH NO

(Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	47
	53
Registered	No -

2. DATE OF DEATH

7241

240. LOCATION (City, town, or county)

plie		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased A. STATE B. COU		
ddns A	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					
TIT.	IIN	University	Hospital.	Millington	township)	
ibl	2		Yrs.	D. STREET ADDRESS (If rural, give loca	tion)	
leg	C.	Length of stay in Baltimore	Mos. Days		6400	
uld be	5.	F. 6. COLOR OR RACE 7	SINGLE, MARRIED WIDOWED, DIVORCED (Specify)		day) Months Days Hours Min.	
information should be carefully of death clearly and legibly.	1 C worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland. 14. MOTHER'S MATDEN NAME	12. CITIZEN OF WHAT COUNTRY?	
ath	13	B. FATHER'S NAME				
dea		Unknow		Untenow	7	
info	(Ye	5. WAS DECEASED EVER IN U. S. ARMED For more unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
of	_	no -	none	husband.	Same.	
Every item of write the causes		18. 33/X	CAUSE	OF DEATH	INTERVAL BETWEEN	
ite		DISEASE OR CONDITION DIS	RECTLY	/ / /	, , ,	
e th		(This does not mean the mode of d heart failure, asthenia, etc. It means	dying, e.g., (A)	ebro vascular accide	nt. 8 days.	
Ever		injury or complication which caus	sed death.) DUE TO			
' 1		ANTECEDENT CAUSES		, , ,		
INK.	Z	DISEASES OR CONDITIONS, IF A	(B)	upertension of	about 14r	
	OIL	RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	TATING THE DUE TO	unknown etiology.		
NG::	CA	DIVERTING CONDITION LAST.	(C)	unknown. etiology.		
UNFADING Physicians:	F	11				
FA	RTI	OTHER SIGNIFICANT CONDITIONS CO				
P. P.	CE	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING IT				
H .	AL	8/10/53 WAS	. CONDITION FOR WHICH OP S PERFORMED OX PLOVATOR	Bressure PART I OR PART II	NTER IN YES NO	
ILY, WITH	DIC	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e about home, farm, factory, street, office)	s, in or 21c. WHERE DID (If in Baltimo	re City, give exact iocation)	
0	ME	DEATH (NOTIFY MEDICAL EXAMINER)		Mag., sub.		
13.8	2	21D TIME (Month) (Day) (Year) (H	lour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR	?	
AIII		OF INJURY	m. WHILE AT NOT WHILE			
PLAINLY, secially imp		22. I hereby certify that I atten			1953 that I last sam the	
E		deecased alive on 8-11-	1953 and that death occur	red at 330 Pm., from the causes ar	ed on the date stated above.	
S esp		23A. SIGNATURE	1 2	38. ADDRESS	23c. DATE SIGNED	

MARGIN RESERVED FOR BINDING PLEASE WR correct age is age

VS 150

TION

24A. BURIAL CREMA-TION REMOVAL (Specify)

LOCAL REGISTRAR

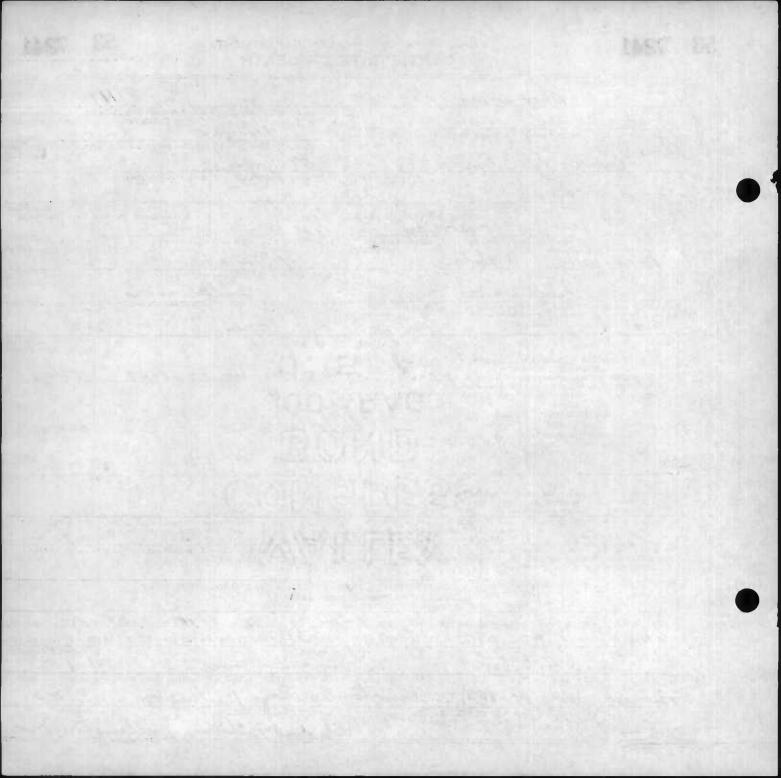
RECEIVED BY

24B. DATE

ADDRESS

(State)

DIRECTOR



MARGIN RESERVED FOR BINDING

E	16	2	
BIRTH?	42		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 7242

В	IRTH NO.		CE	ERTIFICAT	E OF DEATH	Registered No.	
(1	NAME OF D	AI	BERT H	EVERSM	R(EVERSMIER)	2. DATE OF DEATH Augus	t 1 0, 195
	. PLACE OF D . Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If inst	titution : residence before admis
а.	FULL NAME		al or institution,	give street address o	Maryland		4
H	OSPITAL OR			location	c. CITY OR TOWN (If	outside corporate limits, w	rije RURAL and
-		Baltimore	City Hosp).	Baltimore	10	C CAOWII
10				LIFE Yrs.	D. STREET ADDRESS (If	rural, give location)	
	. Length of s	tay in Baltimore		Days		ino Street	
	Male	6.COLOR OR RACE White		RRIED. DIVORCED (Specify RIED	JAN. 29,1889.	9. AGE (In years If bid last birthday) Month	or I Year If Under 24
10	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108. KIND OF	BUSINESS OR	11. BIRTHPLACE (State or fo		. CITIZEN OF
	RODUCE	DEALER	SEL		7700	MD.	WHAT COUN
13	B. FATHER'S N	AME		R	14. MOTHER'S MAIDEN NA		0,0,7
Ш	HEN	RY EVER	SMIER		ELIZABET	H ?	
15 (Ye	5. WAS DECEASE	D EVER IN U.S. ARMEI	FORCES? 16	SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
(-)	No	No	0. 20. 7.20)	SECURITY NO.	KATHERINE E.E.	ERSMIER	SAME
	18. 42.	5 1		CAUSE	OF DEATH		INTERVAL BET
	DISEAS	E OR CONDITION	DIRECTLY				ONSET AND D
		LEADING TO DEA not mean the mode	TH	(A) Arteri	osclerotic cardio	vascular diseas	e
	heart fuilu	re, asthenia, etc. It mes complication which	ins the disease,	DUE TO	***************************************		
		ANTECEDENT CAUS					
				(B)			
TION	DISEASES	OR CONDITIONS, I	F ANY, GIVING	DUE TO			
ATI	UNDERLY	ING CONDITION LA	ST.	(C)	• • • • • • • • • • • • • • • • • • • •		
TIFIC		II IGNIFICANT COND					
E L		TO THE DEATH. BUT SEASE OR CONDITION					
U	19A. DATE O	F OPERATION 1	98. MAJOR FIN	IDINGS OF OPER	RATION		20. AUTOPS
AL					1.01-111150-0-0-0		YES NO
EDIC	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21B. PLACE OF INJURY (e. g., in or UNDERLYING OR CONTRIB. ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						exact location)
Σ	21D. TIME (Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
	OF INSURT		m. WHILE	AT NOT WHILE			
	22. I certif	y that I took char	ge of the rem	ains described	above, held an inspect	tion & inquiry,	hercon and 1
					Autopsy, I Inquiry, find that said de	nspection or Inquiry	
					s 🗷, accident 🗌, suicide		
	23A. SIGNAT	seph U.	Lachrima	roke .	238, CHIEF MEDICAL E ASSISTANT MEDICAL E 1.D. MEDICAL INVESTIGATO	XAMINERX	. 11, 195
Z. TI	AA. BURIAL CON, REMOVAL (S. BURIAL	RETA- 24B. DATE / 8-/3/	953. SF		EART CE4. 740	CATION (City, town, or	HILL RD. A
	ATE RECEIVED		S SIGNATURE	Niero Co. A.	25 FUNERAC DIRECTOR	10 9015,CA	DORESSLIN

untinglier y

BINDING

FOR

RESERVED

MARGIN

803,2

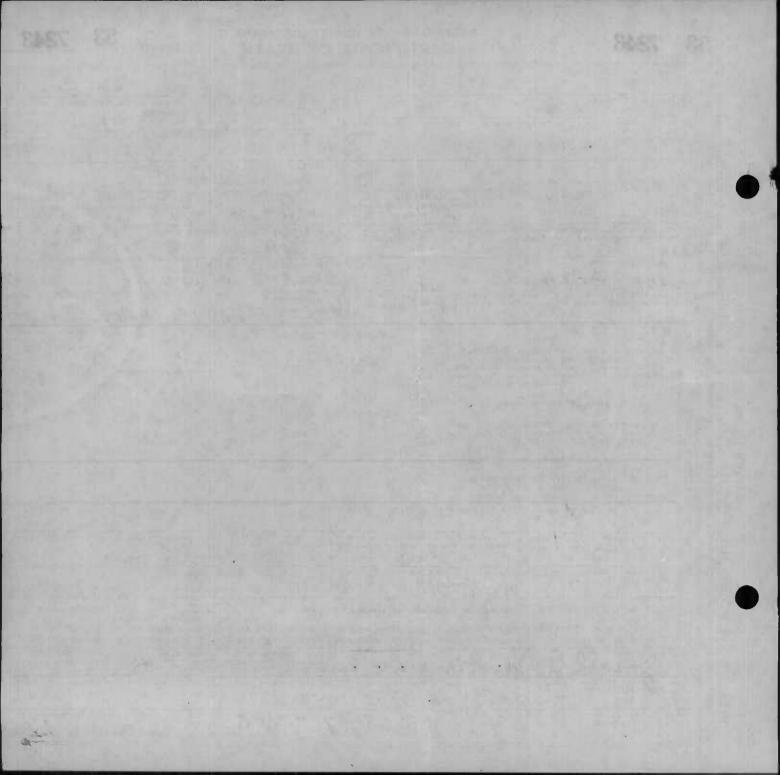
before admission)

WHAT COUNTRY?

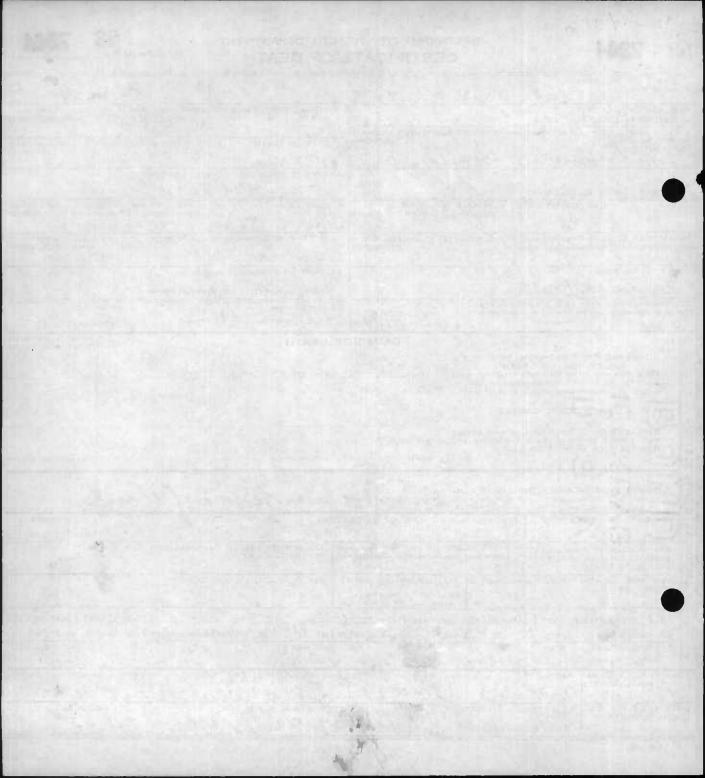
ONSET AND DEATH

20. AUTOPSY

township)



W- 53 7	436		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered	53 7244
1. NAME C (Type or Pr	F DECEASED	Tand	W/A. = C8	- Parkers	2. DATE OF	115-3
3. PLACE C		JOHN	WALTER	4. USUAL RESIDENCE (V	Where deceased lived. B. COUNTY	If institution: residence before admission)
B. FULL NA HOSPITAL INSTITUTION	ME OF (If not in hospit	al or institut	ion, give street address or location)			nits, write RURAL and give
	N MEMORIAL	HOSP		PHOENIX		township)
angth	of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If		5200
5. SEX	6. COLOR OR RACE		E. MARRIED. (ED, DIVORCED (Specify)	S. DATE OF BIRTH JULY 10 1882	9. AGE (In years last birthday)	H Under 1 Year Months Days Hours Min.
10A. USUAI	OCCUPATION (Give kind of most of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13 FATHER	R'S NAME			14. MOTHER'S MAIDEN N	AME	1 0.5.
	wick Walte			augusta -	unknown)	
(Yes, no or unkr	CEASED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16, SOCIAL SECURITY NO.	mrs. John al	ban	Same
(This heart injury	SEASE OR CONDITION LEADING TO DEA does not mean the mode of failure, asthenia, etc. It mee or complication which of ANTECEDENT CAUS ASES OR CONDITIONS, I TO THE ABOVE CAUSE (A) ERLYING CONDITION L ER SIGNIFICANT CONDITION TO THE OR TO THE DEATH, BUT	TH of dying, e. g ns the diseas- caused death SES F ANY, GIVIN STATING TH AST.	(B)	g bison of carde	- Inton	
19A. DA	HE DISEASE OR CONDITION	CAUSING I	FINDINGS OF OPER	f	Z of has ma	20. AUTOPSY?
LYING[CCIDENT WAS UNDER- OR CONTRIBUTING		ACE OF INJURY (e. g., i	a or 21c. WHERE DID (If in Baltimore City	, glve exact location)
>	ME (Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
decease 23A. SIG	ereby certify that I at a decided alive on and 12 at a supportant of the support	tended the	deceased from line and that death occur			the date stated above. 23c. DATE SIGNED 8 12 5 3
24A. BURI. TION. REMOV	AL (Specify) 8-15-	53	24C. NAME OF GEMETE	atheron Se	ocation (City, tow	(State)
DATE RECI	GISTRAR	SSIGNATU	W. Kiara M.	25 FUNERAL DIRECTOR	oby SA	Orks, nul.
AWS 15	100	Q	C94 4	16		



BINDING

FOR

RESERVED

M-	4	26	9	0
53		7	2	45
BIRTH	N	0.		
1. NAM	1E	OF	E	ECE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No ASED 2. DATE July 13, 1953 MOORE JAMES LARRY (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Morgue Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. Found: Rear of 2510 Loch Raven Road c. Length of stay in Baltimore 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min. 8. DATE OF BIRTH | If Under 24 Hours white male 10A. (SUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY K 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO N 18. 4 2011 NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH , Obliterative Coronary Sclerosis with (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. xxxx Former Myocardial Infarction injury or complication which caused death.) ANTECEDENT CAUSES NOITA DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) U 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT H 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION CA (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING [CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A accident , suicide , homicide , undetermined . 23A, SIGNATURE age MEDICAL INVESTIGATOR. 24c. NAME OF CEMETERY OR CREMATORY 34d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE correct MEDICAL SCHOOL AUG DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

151

PLEASE



B-	620
53	7246
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7246 Registered No. 7246

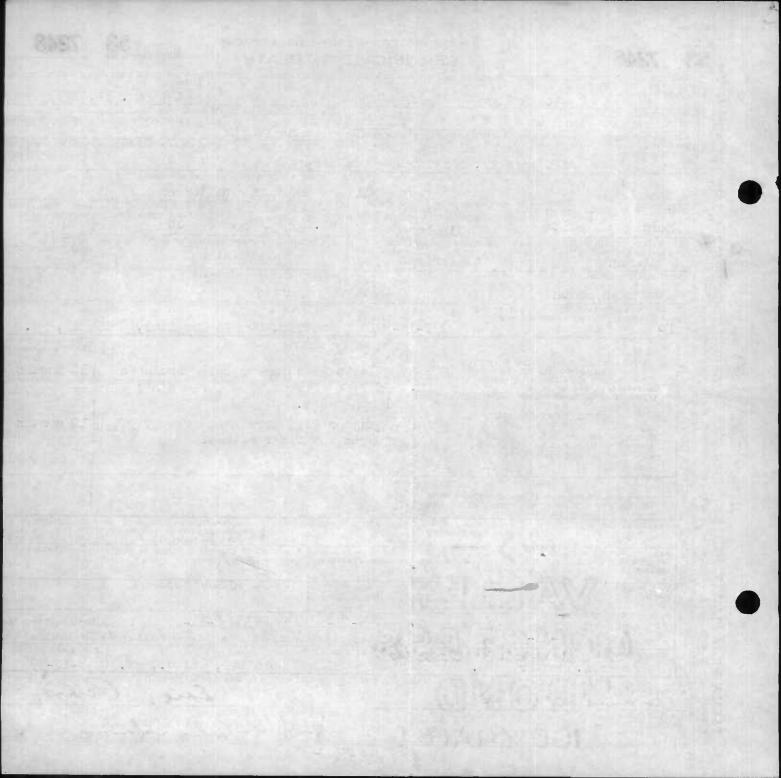
BI	RTH NO.				
	NAME OF DECEASED Mary A. Br	augh			ug. 11, 1953
A.	PLACE OF DEATH: Baltimore City, Maryland		A. STATE	DENCE (Where deceased liver B. COUNT	ed. If institution: residence Y before admission)
	FULL NAME OF (If not in hospital or institut	ion, give street address or location)	Md.	Al (If outside company)	limits, with RAL and give
IN		10000017			township
	DOLO HILOUN -0	•	Balti		
0	U	7 -61- Yrs. Mos.		RESS (If rural, give location	m)
c.	Length of stay in Baltimore	Days	2613 H	Milton St.,	
5.	SEX 6. COLOR OR RACE 7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRT	H 9. AGE (in yea	ms If Under 1 Year It Under 24 Hours Months: Days Hours: Min.
R		owed	Sent.3.1		
10	A. USUAL OCCUPATION (Givekinder) 108, KINE	O OF BUSINESS OR	11. BIRTHPLACE	881 71 (State or foreign country)	12. CITIZEN OF
work	done during most of working life, oven if retired)	INDUSTRY	777	4	WHAT COUNTRY?
12	At Home		Engls	AIDEN NAME	0.5.A.
10					
	James J. Lawless			Cunningham	
15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
`	no	none	M. Catheri	lne McGuirk 2	613 Hilton St.
	18. 1/1/2	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			, ,	
	LEADING TO DEATH	Arter	isclerati	a Cardio-	
	(This does not mean the mode of dying, e. heart failure, asthonia, etc. It means the disease	g., (A)se,	1 7	sease wit	6
	injury or complication which caused death	h.) DUE TO V45	cular Di	sease wro	Health with the second
	ANTECEDENT CAUSES	161			83 1185
z			extensia		0 913
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO	NG HE DUE TO			
A	UNDERLYING CONDITION LAST.	(C)			
FICATION		(C)			
쁜	H				
RTI	TO THE DEATH BUT NOT RELATED TO	O THE			
CE	OISEASE OR CONDITION CAUSING IT.	TION FOR WHICH O	DEDATION	IF OPERATION WAS RELA	TEO TO 1 20. AUTOPSY?
CAL	WAS PERFO			CAUSE OF OEATH, ENT	ER IN YES NO
	OR CONTRIBUTING CAUSE OF about	B. PLACE OF INJURY (bome, farm, factory, street, office	e.g., in or 21C. WHE	ERE DID (If in Baltimore	City, give exact location)
ED	DEATH (NOTIFY MEDICAL EXAMINER)	addition and record 3 to a cool of the cool	Jidg., coo.,		
Σ	21p. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOV	V DID INJURY OCCUR?	
	OF INJURY	WHILE AT NOT WHI	LE		
	m.	WORK AT WOR	-	5 0	.4.
	22. I hereby certify that I attended the	deceased from 6			1933, that I last saw the
	deceased glive on 8 -10 , 1923	and that death oceu	rred at 5 5 7 n	n. from the eauses and	on the date stated above.
	23A. SIGNATORE		238. ADDRESS	20 00	23C. DATE SIGNED
	12 Jan	м. о.	11 6. 6	have It	9-11-53
2	- //	24c. NAME OF CEMETE	ERY OR CREMATOR	Y 240. LOCATION (City,	town, or county) (State)
	AA. BURIAL, CREMAT 24B. DATE ON, REMOVAL (Specify)	Mt.Olivet			D O
	urial 8-13-1953 ATE RECEIVED BY REGISTRAR'S SIGNAT		25. FUNERAL DI	Washington	ADDRESS
	A LE DECEIVED DV I DECICTOAD'C CICNAT	LIPOTE A R A A A A	ES. FUNERAL DI	ILECTOR	
1 1	CALL DEGLETTION	W/100/16An, M3	A	A 13	
-		Haleput Mr	G. Howard	Strong 3207W	.North Ave.
	AUG 13 1933 Hunturyton	Halipurt My	G. Howard	Strong 3207W	.North Ave.,
=	CALL DEGLETTION	Williams My	G. Howard	Strong 3207W	.North Ave.,

BISC C BUT. 11. 1855 PROPER .. PRINCE -, do not in the L. FT COREAT SING DV- I MALE. VALUE nedicas .t. temps

MARGIN RESERVED FOR BINDING

1 1.	NAME OF DE	63-0379	77 CERTIFICAT	E OF DEATH	Registered Ro	3 7247
(1	ype or Print)		ARA h D. JOHNSON		OF DEATH Aug. 1:	1, 1953
Α.	Baltimore C	City, Maryland	Balto, City al or institution, give street address or	4. USUAL RESIDENCE () A. STATE Maryland		
H	OSPITAL OR		location) ins Hospital		f outside corporate limits,	write RURAT And gi
		tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (1)	rural, give location) pel Court	
5	sex Female	6.COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH		der i Year H Under 24 Hou hs: Days Hours Mir
wor	None	CUPATION (Give kind of f working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i		2. CITIZEN OF WHAT COUNTR
	B. FATHER'S N	IAME	210120	14. MOTHER'S MAIDEN N		. O. E
15	Otto	Johnson		Viola Joh	nson	
	s, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or date	FORCES? 16, SOCIAL SECURITY NO.	17. INFORMANT		RESS
_	NO 18. 340			Viola Johnson	1424 Hempel	Ct.
NOIL		OR CONDITIONS, I	(B)	opneumonia	***************************************	
	OTHER S	HE ABOVE CAUSE (A) VING CONDITION LA II IGNIFICANT CONDI	STATING THE DUE TO (C)			
	OTHER S TRIBUTING	II IGNIFICANT CONDITION LA TO THE DEATH, BUT ISEASE OR CONDITION	STATING THE DUE TO ST. (C)	RATION		ZO. AUTOPSY?
CERTIFICA	OTHER S TRIBUTING	ING CONDITION LA	TIONS CON. NOT RELATED CAUSING IT. 98. MAJOR FINDINGS OF OPER			YES NO
CERTIFICA	OTHER S TRIBUTING TO THE DI 19A, DATE O	II IGNIFICANT CONDITION LA TO THE DEATH, BUT ISEASE OR CONDITION	TIONS CON- NOT RELATED CAUSING IT.	n or 21c. WHERE DID (If in Baltimore City, giv	YES NO
MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE DI 19A, DATE O 21A, EXTERN UNDERLYING UTING C	II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION TO OPERATION TO OPPORT TO OPERATION TO OPERATIO	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 2 1B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?		YES NO
MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. EXTERN UNDERLYING UTING COF INJURY	II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION TO OPERATION TO OPERA	TIONS CON. NOT RELATED CAUSING IT. 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bidg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	ED 21f. HOW DID INJUR above, held an automorphisms	Y OCCUR?	YES NO
MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. EXTERN UNDERLYING UTING C 21D. TIME (OF INJURY) 22. I certij the evi	II IGNIFICANT CONDITION LA TO THE DEATH, BUT ISEASE OR CONDITION FOPERATION I INTERPOLATION (SEASE OF CONTRIBUTION (Day) (Year) Ty that I took chardence obtained by	TIONS CON. NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPEF 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bidg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK	ED 21c. WHERE DID (etc.) INJURY OCCUR? 21f. HOW DID INJUR above, held an Autopsy, Inquiry, find that said a	Y OCCUR? Lopsy Inspection or Inquiry leceased died on the , homicide , und	thereon and fro
MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. EXTERN UNDERLYING UTING C 21D. TIME (OF INJURY) 22. I certif the evi and de 23A. SIGNAT	IIIGNIFICANT CONDITION LA TO THE DEATH, BUT ISEASE OR CONDITION FOPERATION 1 MAL CAUSE WAS G OR CONTRIBURAL CAUSE OF DEATH. Month) (Day) (Year) Ty that I took char dence obtained by ath in my opinion of the contribution of	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK Type of the remains described of said Autopsy, Inspection or a resulted from: natural cause. ALLING M.	ED 21c. WHERE DID (etc.) INJURY OCCUR? ED 21f. HOW DID INJUR above, held an Autopsy, Inquiry, find that said as Accident , suicide 238. CHIEF MEDICAL ASSISTANT MEDICAL INVESTIGAT	V OCCUR? Inspection or Inquiry leceased died on the , und	thereon and froday stated about determined DATE SIGNED . 11, 1953
MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. EXTERN UNDERLYIN UTING COF INJURY 22. I certif the evi and de 23A. SIGNAT 4A. BURIAL, CON, REPOYAL (S	III IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION TO PERATION IN THE PROPERTY OF	TIONS CON. NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bidg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 19ge of the remains described of said Autopsy, Inspection or resulted from: natural cause. Autopsy Inspection or resulted from: natural cause.	ED 21c. WHERE DID (etc.) INJURY OCCUR? ED 21f. HOW DID INJUR Autopsy, Inquiry, find that said as X, accident \(\begin{array}{c} \), suicide 23B. CHIEF MEDICAL ASSISTANT MEDICAL ASSISTANT MEDICAL INVESTIGAT ERY OR CREMATORY 240. L	Y OCCUR? Inspection or Inquiry leceased died on the , homicide , under , under	thereon and froday stated about determined DATE SIGNED . 11, 1953
MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. EXTERN UNDERLYING UTING C 21D. TIME (OF INJURY) 22. I certif the evi and de 23A. SIGNAT	III IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION IN ISEASE OR CONDITION IN ISEASE OR CONTRIBUTE OF DEATH. Month) (Day) (Year) Ty that I took character obtained by ath in my opinion IN ISEASE OF DEATH. REMA-24B. DATE PECISTRAR REGISTRAR	TIONS CON. NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bidg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 129e of the remains described of said Autopsy, Inspection or resulted from: natural cause. 24c. NAVEL F CEMETE	ED 21F. HOW DID INJUR above, held an Autopsy, Inquiry, find that said as X, accident , suicide 23B. CHIEF MEDICAL ASSISTANT MEDICAL ASSISTANT MEDICAL I.D. MEDICAL INVESTIGAT ERY OR CREMATORY 24D. L	Y OCCUR? topsy Inspection or Inquiry leceased died on the homicide , und EXAMINER	thereon and fro day stated above determined DATE SIGNED 11, 1953 county) (State

The	3 BII	7248	0	BALTIMORE CITY HE		MENT	Registered N	7248
WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. ge is especially important. Physicians: please write the causes of death clearly and legibly.	1. NAME OF DECEASED (Type or Print) Ben Smith				D	of EATH AUG.	1953	
	S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US PHS HOSP ital location) INSTITUTION Baltimore 11, Maryland				A. STATE Pennsylva	ania	B. COUNTY	stitution : residence before admission write RURAL and giv township
	C. Length of stay in Baltimore Tyrs. Mos. Days 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.			D. STREET ADDRESS (If rural, give location) 508 West 4th Street 8. DATE OF BIRTH 9. AGE (In years 11 Under 1 Year 14 Under 24 Hou				
		Male	White	WIDOWED, DIVORCED (Specify) Single	Feb. 14, 188	85 ls	68	ths Days Hours Min
	NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman Seafaring			Pol:	and	country)	12. CITIZEN OF WHAT COUNTRY USA	
		Joseph Smith			Mary ?			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO 177-16-3210			Records, U	S PHS Hos		DRESS LTo 11, Md.	
	FICATION	(This does heart failur injury or d A DISEASES RISE TO TH	E OR CONDITION LEADING TO DEAT not mean the mode of c, asthenia, etc. It mea complication which e NTECEDENT CAUS OR CONDITIONS. II E ABOVE CAUSE (A) NG CONDITION LA	DIRECTLY I'H f dying, e. g., ns the disease, aused death.) SES F ANY, GIVING STATING THE DUE TO LYMPH Metas: (A) Of let Lymph Squam DUE TO Lymph DUE TO Lymph DUE TO Lymph DUE TO Lymph	of DEATH tatic squamo ft internal nodes. ous cell car e and floor	jugular c cinoma Gr	hain of	10 months 10 months
	CERTI	TO THE	II IIFICANT CONDITIONS DEATH BUT NOT I CONDITION CAUSING	RELATED TO THE	-			
	CAL	19A. DATE OF		98. CONDITION FOR WHICH O VAS PERFORMED NG 218. PLACE OF INJURY		PART 1 OR PA		
	MEDI	DEATH (NOTI	UTING CAUSE OF FY MEDICAL EXAMINE Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WH MORK AT WOR	ZED 21F. HOW	DID INJURY		
	2.	James	REMA- 248, DATE	med. Director M. D. 24c. NAME OF CEMET	US PHS Hosp	ital, Bal	to., Md.	8-12-53
PLEASE orrect a	D	ATE RECEIVED	BY REGISTRAR	S SIGNATURE	25 FUNERAL DIA		ie, (ADDRESS



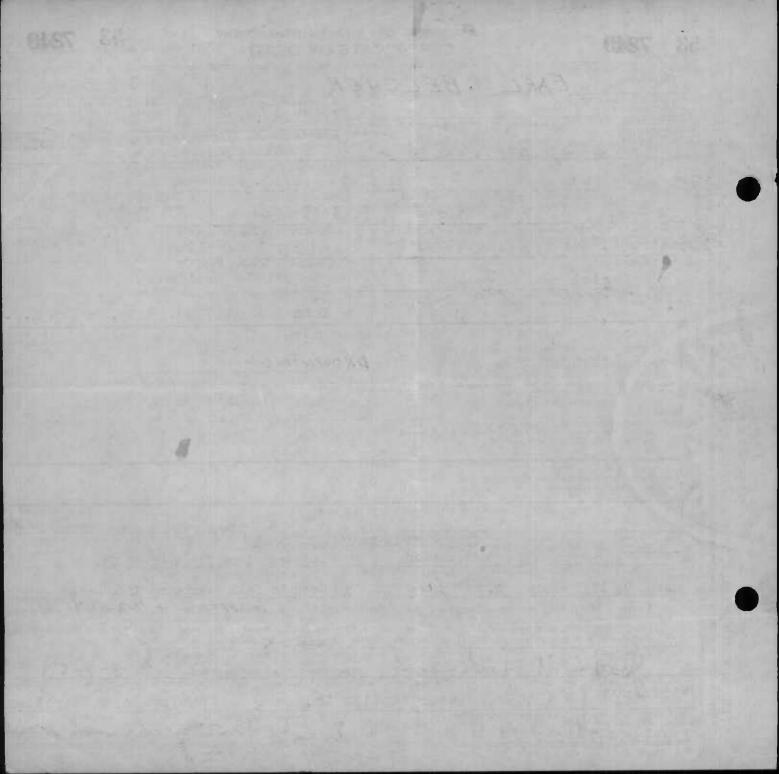
BINDING

FOR

RESERVED

MARGIN

S 151



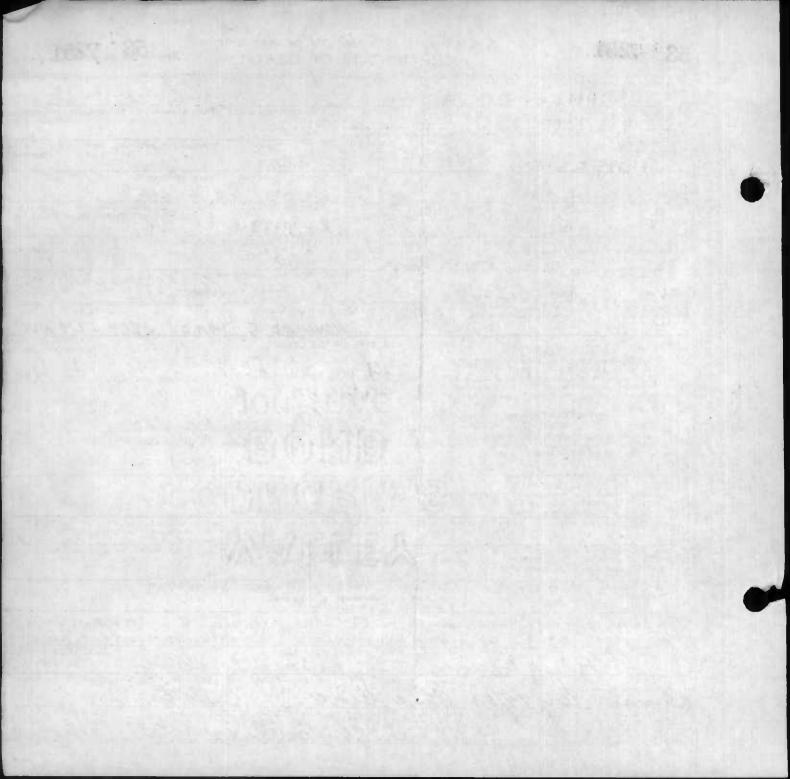
G-230		
F9 17250	E OF DEATH Registered	3 7250
1. NAME OF DECEASED (Type or Print) Conrad Max Gas	2. DATE OF DEATH CHANGE	12 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived.)	institution: residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		ts, write RURAL and give
3605 6 Th. St.	Baltinds 25	25-0時
mgth of stay in Baltimore '/O Yrs. Mos. Days	D. STREET ADDRESS (If paral, give location)	/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		If Under 1 Year If Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dame daring most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4377
John. GAST	amelia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. 213-1205-18		539 Complett
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	OF DEATH Part failur Clexid advance Parcess Metaslate	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION Parents	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg.		yes No give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
m. WHILE AT NOT WHILE WORK AT WORK		3
deceased alive on 1995, and that death occur	rred at 9 5 m., from the couses and on t	, that I last saw th
23A. SIGNATURE	23B. ADDRESS FOR Catteding S	23C. DATE SIGNED
24A. BURIAL, GRAMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Special)	ERY OR CREMATORY- 24D. LOCATION (City, town	or county) (State)
BURIAL Duc. 15, 1953 CLAPR HI		JEL Co, Ma
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DIRECTION
vs 150 3 1953	7 - 5 1 00000	Henry

DEST SE DO MITTARE THE STREET STREET The second of the state of the second of the

-	
	6
legibly.	
and	
clearly	
death	
of	I
causes	
the	
write	
please	
hysicians:	
4	
important.	
cially	

VS 150

53 7251 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Register No. 7251				
BIRTH NO. CERTIFICATE	E OF DEATH			
1. NAME OF DECEASED (Type or Print)	2. DATE OF 9 10 C			
3. PLACE OF DEATH:	DEATH . 8-10-53			
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
UNIVERSITY	Balto 3-07 township)			
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore Days	3908 almar			
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED WIDOWED, DIVORCED (Specify)	3. DATE OF BIRTH Jel-/9.1884 9. AGE (In years In Under I Year In Under I Hours Min. 9. AGE (In years In Under I Year In Under I Hours Min. 9. AGE (In years In Under I Year In Under I Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME RACHAEL HAYES			
WM I, MC CULLOUGH.	The cultorigh			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, to or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
	HOWARD F. DAN DY - 3808 FLM AVE			
7001	OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ocardial infaction 12 days			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
Z DISPASES OR CONDITIONS, IF ANY, GIVING	rectension Cardio -			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNITED THE DUE T	cular Heart disease			
UNDERLYING CONDITION LAST.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.	PERATION IF OPERATION WAS RELATED TO 20, AUTOPSY?			
WAS PERFORMED	CAUSE OF DEATH, ENTER IN PART I OR PART I			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?				
DEATH (NOTIFY MEDICAL EXAMINER)	505,000			
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
TAULE OF THOSE MOST MOST MOST MOST MOST MOST MOST MOST				
m. WORK AT WOR!	LE K			
22. I hereby certify that I attended the deceased from 1	-29 1953 to 8-10, 195, 3hat I last saw the			
22. I hereby certify that I attended the deceased from deceased alive on 8-10, 1953 and that death occur	-29 1953 to 8-10 , 195, 3hat I last saw the rred at 250 m., from the causes and on the date stated above.			
22. I hereby certify that I attended the deceased from deceased alive on 8-10, 1953 and that death occur	1953 to 8-10, 195, that I last saw the great at 250 Pm., from the causes and on the date stated above. 238. ADDRESS Whiteles La Hospital 23c. DATE SIGNED 2-10-13			
22. I hereby certify that I attended the deceased from deceased alive on 8-10, 1953 and that death occur 23A. SIGNATURE 24A. BURIAL. CREMA-12 B. DATE 1 24A. NAME OF CEMETE	1953 to 8-10, 195, That I last saw the great at 250 Pm., from the causes and on the date stated above. 238. ADDRESS Whitelists 23c. DATE SIGNED 2-10-13			
22. I hereby certify that I attended the deceased from deceased alive on 8-10, 195 3 and that death occur	1953 to 8-10, 1953 hat I last saw the cred at 250 m., from the causes and on the date stated above. 23B. ADDRESS White Company and Company (State) 23C. DATE SIGNED 2-10-13 27C. DATE SIGNED 2-10-13 CRY OR CREMATORY 23C. LOCATION (City, town, or county) (State)			
22. I hereby certify that I attended the deceased from deceased alive on 8-10, 1953 and that death occur 23A. SIGNATURY 24A. BURIAL, CREMA- 110M REMOVAL (Specify) DATE RECEIVED BY REGISTRAPS SIGNATURE:	1953 to 8-10, 195, that I last saw the great at 250 Pm., from the eauses and on the date stated above. 238. ADDRESS Whitelists 23c. DATE SIGNED 2-10-13			
22. I hereby certify that I attended the deceased from deceased alive on 8-10, 1953 and that death occur 23A. SIGNATUBO 24A. BURIAL, CREMA- 24B. DATE 24P. NAME OF CEMPTE TION REMOVAL (Specify) lug 14/53 Pene Vicinia (Specify) lug 14/54 Pene Vicinia (Specify) lug	1953 to 8-10, 195, 3hat I last saw the cred at 250 m., from the causes and on the date stated above. 23B. ADDRESS White Company and Company (State) Part of CREMATORY (State) Ballo Go, Md.			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF har 1-A610 DEATH 3. PLACE OF DEATH: A. STATE B. COUNTY A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) INSTITUTION 1+imore GONEN Douth Yrs. ADDRESS (If rural, give location) Mos. igth of stay in Baltimore 100 Days

4. USUAL RESIDENCE (Where deceased lived. If institution : residence before admission) (If outside corporate limits, write RURAL and give township) 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED. If Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. W 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY MAINTENANCE MFG. COI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME rederici INKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL RETWEEN 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY mobilism LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21c. WHERE DID (If in Baltimore City, give exact location)

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH

21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED

OF INJURY NOT WHILE WHILE AT WORK

21D. TIME (Month) (Day) (Year) (Hour)

EDICAL

19 3. to aug. 19 J, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Aug . [1. 19 3 and that death/occurred at Z. D. Am., from the causes and on the date stated above. 23c. DATE SIGNED

234. SIGNATURE

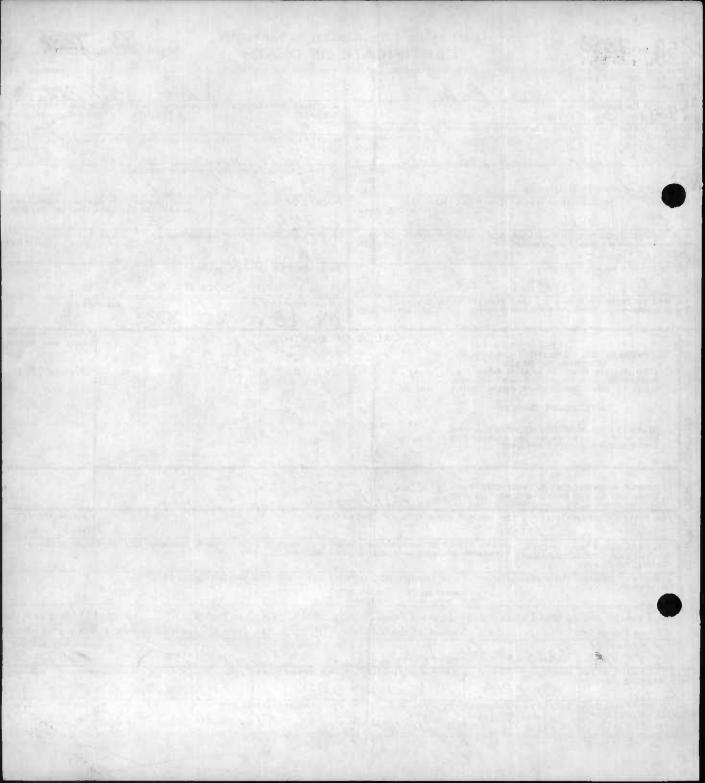
24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE

MEADOWRIDGE BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE

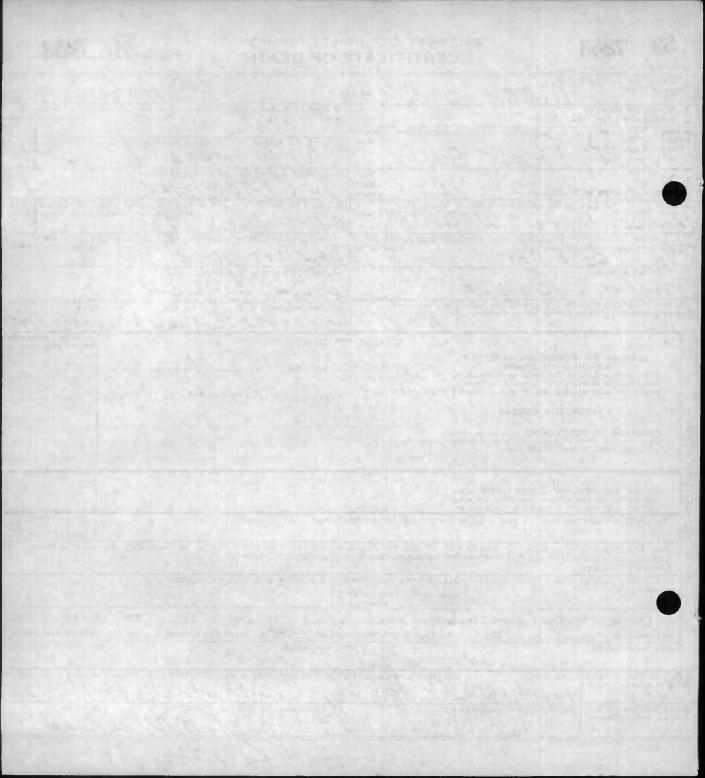
MASHINGTON BLUD. 25. FUNERAL DIRECTOR

LOCAL REGISTRAR VS 150 WWW

NOHN F. DENNY, INC. 715 LIGHT ST.



X	7-5	00					
ВІ	53 72	363			EALTH DEPARTMENT E OF DEATH	Registered No.	7253
	NAME OF DE	CEASEDMA	14 (1. INGA	1	2. DATE OF AUG-	10.1953
A.	PLACE OF DE Baltimore C	ity, Maryland	tel or institutio	n, give street address or	4. USUAL RESIDENCE (W		itution: residence before admission)
HC	SPITAL OR STITUTION	59 PAR	ITA	location)	C. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give township)
2	ngth of st	ay in Baltimore	/	O Yrs. Mos. Deys	859 /ARM	rural, give location)	
JE .	MALE	WhitE	1016	DONORCED Specify	MNY7-1861	last of thday) Month	or 1 Year If Under 24 Hours Days Hours Min.
7	E 9 N	CUPATION (Give kind) Working life, even if refered UISE E	10B. KIND	OF BUSINESS OR INDUSTRY	NEW TORT /	.J.	CITIZEN OF WHAT COUNTRY?
7	MART	-IN 190	YLE		DELIA CON	VLON	
15 (Yes	. MAS DECEASE . ng or unknown)	D EVER IN U.S. ARME (If yes, give war or date	of FORCES?	16. SOCIAL SECURITY NO.	LAUPENGE A.	RYAN 859	PART AVE
	(This does heart failur	E OR CONDITION LEADING TO DEA not mean the mode rc, asthenia, etc. It mer complication which	TH of dying, e.g., ans the disease,	arter	OF DEATH relevokee Cardes Reval Dises	· Poscular	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	DISEASES	OR CONDITIONS, IN A BOVE CAUSE (A)	F ANY, GIVING STATING THE				
CERTIF	TRIBUTING	II GNIFICANT COND TO THE OEATH, BUT SEASE OR CONDITION	NOT RELATED				
	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL		ENT WAS UNDER- CONTRIBUTING DEATH		E OF INJURY (e. g., m.factory, street, office bldg.,		f in Baltimore City, give	exact location)
-	21D. TIME () OF INJURY	Month) (Day) (Year	W	IE. INJURY OCCURR ILE AT NOT WHILE WORK AT WORK		OCCUR?	
	22. I hereby	y certify that I at ive on 8/6		eceased fromnd that death occu	5/30 ,1953 to	$6/6$, $19\sqrt{3}$, t , the causes and on the t	hat I last saw the
	23A. SIGNAT	me S. 1	3,lum		23B. ADDRESS		3c. DATE SIGNED
3/6	REMOVAL (ST	REMA- pecify) Aug 14	1953	TONAME OF CEMETE	CIS EM AN	ocation (City, town, or other text)	R. Island
	TE RECEIVED		'S SIGNATUR	Vill: Pus M.	29, FUNERAL DIRECTOR	9.M. Wal	PORESS
	VS 150	1330	0		TRAHY Sta	ickER Sts	



N-520						
53 7254 BIRTH NO.	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered 18_	7254		
1. NAME OF DECEASED JOSE (Type or Print)	PH FRANK NEMEC		2. DATE OF August	11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 803 N. B. FULL NAME OF (If not in hospital or instit HOSPITAL OR INSTITUTION	Lakewood Ave. ution, give street address or location)	A. USUAL RESIDENCE (WA. STATE Md. C. CITY OR TOWN (If Balti	outside corporate limits, wa	before admission)		
	Yrs. Mos. Days LE, MARRIED.	D. STREET ADDRESS (If 803 N	Lakewood Ave	1 Year If Under 24 Hours		
male white d 10A. USUAL OCCUPATION (Givekind of rork done during most of working life, even if retired)	ivorced (Specify) ivorced ND OF BUSINESS OR INDUSTRY Force	Nov. 10, 1896 11. BIRTHPLACE (State or for Baltimore, Md. 14. MOTHER'S MAIDEN NAME MARY K	AME	Days Hours Min. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or anknown) (If yes, give war or dates of service) Yes W. W. #1		17. INFORMANT Charles Nemec, 25	ADDR			
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, of heart failure, asthenia, etc. It means the disc injury or complication which caused des ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVEN THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	Y CAPCINA (A)	of DEATH IMA DESOPHAGE	s (lower end)	b Mas		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	IT.					
21A. ACCIDENT WAS LINDER. 21B. P	PR FINDINGS OF OPER LACE OF INJURY (e. g., le., farm, factory, street, office bidg.,	n or 21c. WHERE DID (I	f in Baltimore City, give	20. AUTOPSY? YES NO CENTER		
CAUSE OF DEATH 2 10. TIME (Month) (Day) (Year) (Hour) OF INJURY MHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Flb. 4, 1953 to Jug II, 1953, that I last deceased alive on Jug 1, 1953, and that death occurred at 970 Am., from the gruses and on the date stated 23A. SIGNATURE 23B. ADDRESS 23C. DATE S 23C. DATE S 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE II I						
24A. BURAL, CREMA- TION, REMOVAL (Specify) Burial Aug. 14, 1953 DATE RECEIVED BY LOCAL REGISTRAR	Oak Hill Cemet	cery Balt 25. FUNERAL DIRECTOR Schimunek Funeral	l Home, Inc.	ounty) (State)		
VS 150	773	2601-3-5 E. Madis	son St.			

durant of these c

1	-SE	20							
5	3 72	55		TIMORE CITY HE			Si Registered	3 'd No	7255
1.	NAME OF D	ECEASED WILLAN	John John	NES		2	OF &	111	153
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDE	ENCE (When		If instit	tution : residence before admission)
B. 1	FULL NAME		al or institut	ion, give street address or location)	110	(10	Balt	6	
	STITUTION	SINA, HOS	pital		Balto		<u>ک</u>	0	ite RURAL and give township)
		tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	/	al, give location)		AVE
	M	6.COLOR OR RACE	MA	E. MARRIED, PED, DIVORCED (Specify) AREA	8. DATE OF BIRTH	,	43		Days Hours Min.
10.	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S		gn country)		CITIZEN OF WHAT COUNTRY?
	oodworke		League	Lumber Co.	BALTIM 14. MOTHER'S MA	ORE			USA /
		George	Jones		Anna E.				
15 (Yes	no nr unknown)	ED EVER IN U.S. ARMEI (If you, give war or date	o FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Anna Tuma J	ones, w	rife, abov	ADDR	ESS
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUSE SOR CONDITIONS, I HE ABDVE CAUSE (A) VING CONDITION LA II GONIFICANT CONDITION TO THE DEATH, BUT	TH If dying, e. g In sthe disease caused death SES F ANY, GIVIN STATING TH STATING TH ONLY TIONS CON NOT RELATE	G DUE TO (B) (B) (C) (C) (D) (B) (C) (C) (C) (D) (C)	PECTIC OF DEATH PSE CONCIDENT AND TO TO PAIEMM	NOMPADDON ADDON Nofe YOLD	Atosis e INAL U Greinon	04	INTERVAL BETWEEN ONSET AND DEATH
AL C		of OPERATION 1							20. AUTOPSY?
EDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e			n Baltimore City	y, give	exact location)
Σ		(Month) (Day) (Year)		21E. INJURY OCCURR	ED 21F, HOW DID	INJURY O	CCUR?		
	22. I hereb	y certify that I att	ended the	deceased from 1/4	1/53 ,19	, to 8/1	1/53 .19	, th	at I last saw the
	deceased al	471.1		and that death occur	red at 5:30 m.	from the			
	23A. SIGNA	J. S. CO	wland	M. D.	Sinai H	SEPHO	1	23	1/2/53
24 TIO	A. BURIAL, N. REMOVAL (S Buria			HOLE REGERE		2500000	ATION (City, to	wn, or of	ounty)/ (State)
DA	TE RECEIVE	1 0- 17		Holy Redeeme	25. FUNERAL DIR		ore, Md.	ADI	DRESS
	CAL REGIST		+ 4	Williamore	Schimunek F	uneral Madiso	Home, Inc		
1	1 Vs 150	3 55 1 1 44	7	16-	2 6				
				6 70	2				

walter the second of the secon

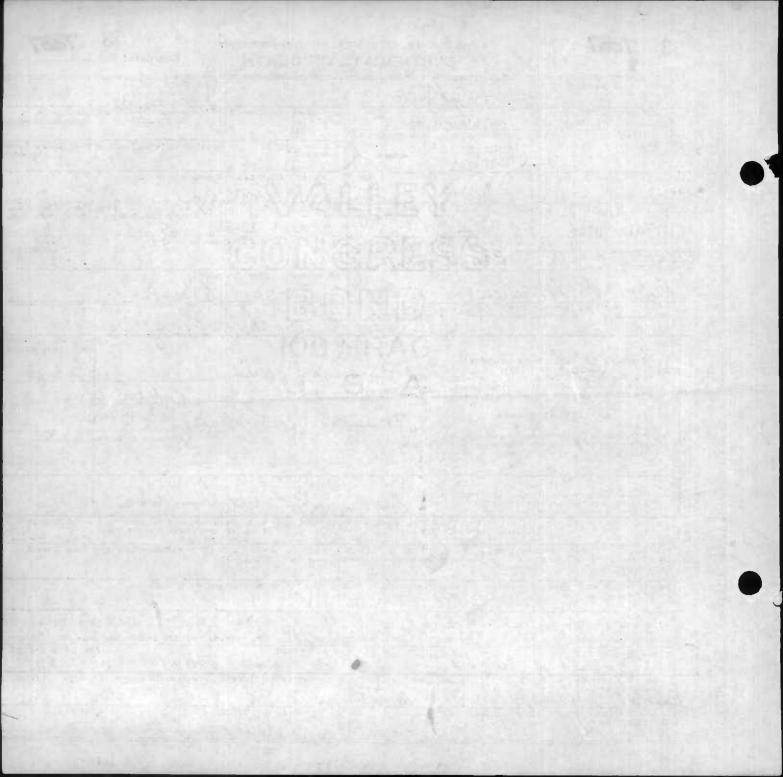
(T	NAME OF D	Bege	Svejda			OF DEATH	g. 11,	1953
	PLACE OF D Baltimore	City, Maryland		A. STATE		Where deceased lived B. COUNTY	d. If institut	
	FULL NAME		l or institution, give street address City Hospitals locatio		ryland	f outside corporate l		DIIDAT
	STITUTION	4940 East		1	ltimore	# } L	o ~ [tow
		stay in Baltimore	Yrs. Mos Day	loi		rural, give location	(B. C.	н.)
	sex Male	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci Divorced	B. DATE OF BIR		9. AGE (In years last birthday)		
	k done during most	CUPATION (Give kind of of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTE	11. BIRTHPLAC		foreign country)	12. CI	TIZEN OF
13	FATHER'S		1	14. MOTHER'S		IAME		
		Charles Sve	jda	Barl	bara Se	kyra		
15 (Yes	. WAS DECEAS	ED EVER IN U, S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL of service) SECURITY NO.	17. INFORMAN			ADDRES	
	No			B. C. H.	4940 E	astern Ave.	. (rec	eords)
N	injury or	are, asthenia, etc. It mean complication which es	es Perf	orated Duode	nal Ul	c er		
RTIFICATION	DISEASE RISE TO 1 UNDERL'	complication which ea	ANY, GIVING STATING THE CONTRIBUTING	orated Duode	mal Ul	cer		
TIFICA	DISEASE RISE TO 1 UNDERL' OTHER SIG	complication which es ANTECEDENT CAUS: S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LAS II GNIFICANT CONDITIONS DEATH BUT NOT R DEATH BUT NOT R DE CONDITION CAUSING OF OPERATION 15	es Perference (B) Perference (C) CONTRIBUTING ELATED TO THE		IF OPER	ATION WAS RELATE OF DEATH, ENTE		. AUTOPS
ERTIFICA	OTHER SIGNATION OF THE	complication which es ANTECEDENT CAUS: S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LAS II GNIFICANT CONDITIONS DEATH BUT NOT R DEATH BUT NOT R DE CONDITION CAUSING OF OPERATION 15	ANY, GIVING STATING THE DUE TO CONTRIBUTING ELATED TO THE ELATED TO THE DB. CONDITION FOR WHICH AS PERFORMED ONE OF THE	OPERATION (e.g., in or 21C. Wh	IF OPER	ATION WAS RELATE OF DEATH, ENTE OR PART II	R IN YE	s I NO
DICAL CERTIFICA	OTHER SIGNATE OTHER SIGNATION THE DISEASE OF THE DI	COMPLICATION WHICH OF CAUSE ANTECEDENT CAUSE SOR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LASS DEATH BUT NOT REPRESENTION IS WELL TO THE COMPLICATION IS WELL THE CAUSE OF	ANY, GIVING STATING THE DUE TO CONTRIBUTING ELATED TO THE IT. CONDITION FOR WHICH AS PERFORMED CONDITION FOR WHICH AS PERFORMED CONDITION FOR WHICH AS PERFORMED CONDITION FOR WHICH	OPERATION (e. g., in or 21C. Whice bldg., etc.) INJURY RED 21F. HC	IF OPER. CAUSE PART I HERE DID OCCUR?	ATION WAS RELATE OF DEATH, ENTE OR PART II	R IN YE	s I NO
DICAL CERTIFICA	OTHER SIGNATION OF INJURY Injury or DISEASE RISE TO TUNDERLY OTHER SIGNATION OF TO THE DISEASE OF THE DISEASE OF THE DEATH (NOT THE OF INJURY)	COMPLICATION WHICH CAUSE S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LASS BUT IN THE ABOVE CAUSE (A) OF OPERATION IS ENT WAS UNDERLY IS BUT WAS UNDER	CONTRIBUTING ELATED TO THE IT. PB. CONDITION FOR WHICH AS PERFORMED NG 21B. PLACE OF INJURY about home, farm, factory, street, off WHILE AT NOT W WORK AT W ended the deceased from	OPERATION (e. g., in or 21C. Which in 21F. HC RED 21F. HC HILE ORK 15	IF OPER, CAUSE PART I HERE DID OCCUR?	ATION WAS RELATE OF DEATH. ENTE OR PART II (If in Baltimore C	P IN YE City, give es	No cact location
DICAL CERTIFICA	OTHER SIGNATION OF INJURY Injury or DISEASE RISE TO TUNDERLY OTHER SIGNATION OF TO THE DISEASE OF THE DISEASE OF THE DEATH (NOT THE OF INJURY)	ANTECEDENT CAUSE ANTECEDENT CAUSE SOR CONDITIONS, IF THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CAUSE OF CONDITION CAUSING OF OPERATION ENT WAS UNDERLY!! BUTING CAUSE OF THE WAS UNDERLY!! OUT COURTS OF THE W	CONTRIBUTING ELATED TO THE IT. BB. CONDITION FOR WHICH AS PERFORMED NG 218. PLACE OF INJURY about home, farm, factory, street, off WHILE AT NOT W WORK AT W	OPERATION (e. g., in or INJURY INJURY 21F. HC HILE ORK 15 courred at 5:10P 23B. ADDRESS	if oper cause part in the part	ATION WAS RELATE OF DEATH, ENTE OR PART II (If in Baltimore C JURY OCCUR? 8-11 ,1 the causes and o	9 53 that on the dat 23c Md. 8-	I last sa e stated o
MEDICAL CERTIFICA	other signature of injury or DISEASE RISE TO TUNDERL' other signature of The DISEASE of THE DISEASE of THE OF INJURY 21A. ACCID OR CONTRIDEATH (NOT CONTRIDEA	CREMA- ANTECEDENT CAUS: ANTECEDENT CAUS: SOR CONDITIONS, IF ITHE ABOVE CAUSE (A) YING CONDITION LASS I! GNIFICANT CONDITIONS DEATH BUT NOT R DEATH BUT NOT R DEATH BUT NOT R DEATH BUT NOT R W ENT WAS UNDERLY!! BUTING CAUSE OF TIFY MEDICAL EXAMINER ON certify that I attention on the condition of the conditi	CONTRIBUTING ES CONTRIBUTING ELATED TO THE IT	OPERATION (e. g., in or linjury RED	if oper cause part in the part	ATION WAS RELATE OF DEATH. ENTE OR PART II (If in Baltimore C JURY OCCUR? 8-11 ,1 the causes and o	9 53 that on the dat 23c Md. 8-	I last sa e stated (DATE SILLING)

1 705 1 STORES AND AND STREET STREET fearment) . eva es esas fried

0	-620	59 me				
5	CERTIFICAT	E OF DEATH Registered No.				
1. N	MAME OF DECEASED oe or Print) Mrs. Mildred Craig	2. DATE OF DEATH 8 10 52				
A. E	LACE OF DEATH: Saltimore City, Maryland Baltimore Md ULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission				
HOS	Aganes location) St, Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and gi townshi				
c. I	Yrs. ength of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)				
5. S		8. DATE OF BIRTH 9. AGE (In years I Under I Year I Under 24 Hou				
	USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) See J. Marting 10 A. Anarting	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR U.S. A				
13.	Robert W MORRIS	Gana Burke				
15. Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) No. 2/3-20-55/8	Sherlock & Graig Jame				
	18. 4/0X CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	many everuse 5 days				
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	die heart drease (annailar disvillation				
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	nomitis, left luner labe				
AL	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH O WAS PERFORMED	PART I OR PART II				
	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK					
	22. I hereby certify that I attended the deceased from federased alive on 12, 1953, and that death occur	rred at 11 7th., from the causes and on the date stated about				
	Donald of Woefel M.D.	23B. ADDRESS 87. Agus Hospital 8./2-53 ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State				
TIO	Juria Cug 15/53 moreland M.	remorial Park Balto. Md				
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25/FM PRAL DIRECTOR ADDRESS				

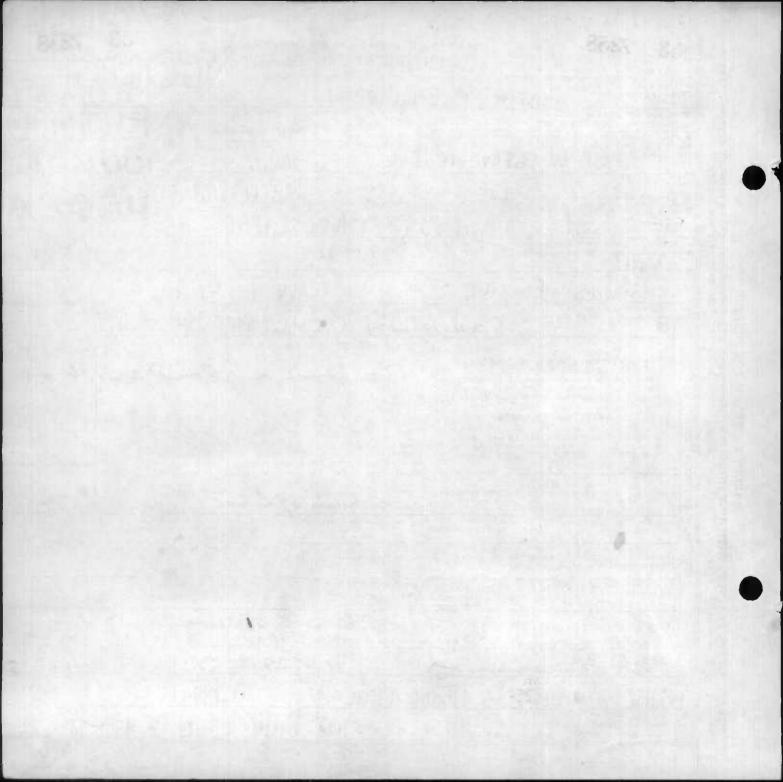
(State)

VS 150

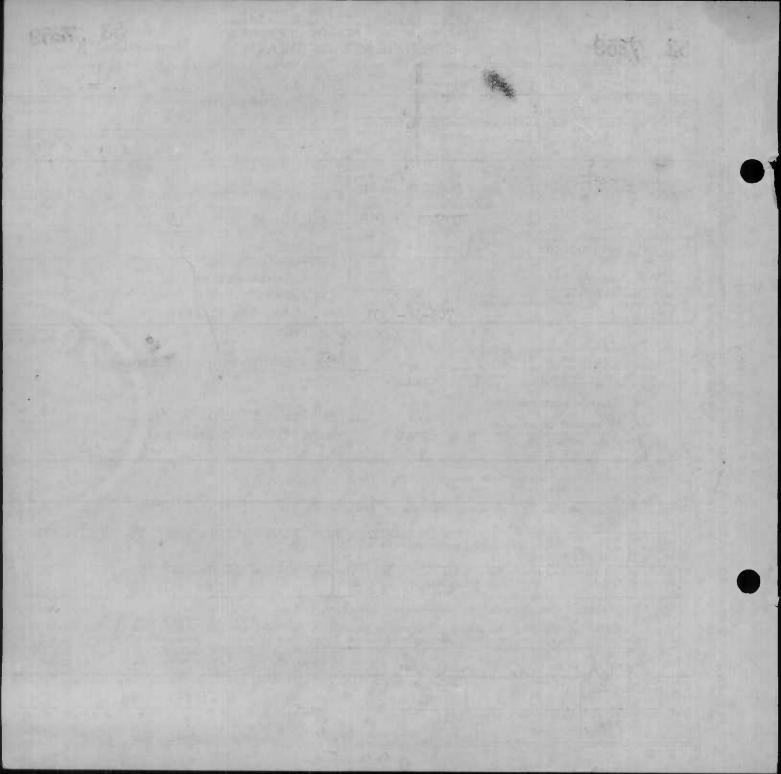


		E	-
			53
	The	BI	RTH
BINDING	VRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The is especially important. Physicians: please write the causes of death clearly and legibly.	c. 5.	NAM Balt FULL SEX MA. USE MA.
MARGIN RESERVED FOR BINDING	Every item write the ca		(h
JIN KESE	ING INK.	-ICATION	F
MAK	UNFAI	CERTII	19A
)	RITE PLAINLY, WITH is especially important.	MEDICAL CERTIFICATION	19A 19A 21A OR DEA 21D OF
	VRITE PL. is especia		22. dec

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NO. E OF DECEASED 2. DATE OF r Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence E OF DEATH: B. COUNTY before admission) A. STATE imore City, Maryland (If not in hospital or institution, give street address or AL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN UTION alf rural, give location Yrs. Mos. gth of stay in Baltimore Days It Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF UAL OCCUPATION (Give kind of luring most of working life, even if retired) INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME HER'S NAME HARLES DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) SECURITY NO 8-6081 INTERVAL BETWEEN DEATH OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e. g., eart failure, asthenia, etc. It means the discase, njury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 THER SIGNIFICANT CONDITIONS CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE ISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN PART I OR PART II 21c. WHERE DID (If in Bultimore City, give exact location) ACCIDENT WAS UNDERLYING | 218. PLACE OF INJURY (e.g., in or CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TH (NOTIFY MEDICAL EXAMINER) 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK AT WORK , 195 to Cens /2, 1957 that I last saw the I hereby certify that I attended the deceased from_ ceased alive on Cinc. 11. 1953, and that death occurred at 1:3Am., from the causes and on the date stated above. 23c. DATE SIGNED SIGNATURE 23B. ADDRESS PLEASE W 4D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE BURIAL (Specify) 25. FUNERAL PIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



58	3 BALTIMORE CITY HE CERTIFICATE	
(7	NAME OF DECEASED (TATE) CIVALIANS TATE	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
3 A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (not in hospital or institution, give street address or)	A. USUAL RESIDENCE (Where deccased lived, If institution: residence a. STATE B. COUNTY before admission applicant
	OSPITAL OR Union Memorial Hospital location)	c. CITY OR TOWN BALLIMORE (If outside corporate limits, write RURAL and gl
× 1	Yrs.	D. STREET ADDRESS (If rural, give location)
6 C	Length of stay in Baltimore Mos. Days	1504 Northwick Road
5	sex 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9. AGE (In years last birthday) Aug. 15, 1880 72 Wonths Days Hours Mit
wor	Retired Auditor A. USUAL OCCUPATION (Givekindof k dono during most of working life, even if retired) Retired Auditor Railroad	II. BIRTHPLACE (State or foreign country) Beltimore 12. CITIZEN OF WHAT COUNTR USA
13	Henry Leight	Susan Lutton
1.5 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 70 -10-31	17. INFORMANT ' ADDRESS Mrs. Catherine Flayhart A bove
TION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	Subdural hematoma, right Recent Bilateral trephines
ERTIFICA	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Recent Bilateral trephines Hypertensive cardiovascular disease
CERTIFICAT	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH	or 21c. WHERE DID (If in Baltimore City, give exact location)
×	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE OF INJURY OCCURRE MORK NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?
MEDICAL	and death in my opinion resulted from: natural causes 23A GIGNATURE AA. BORIAL, GREMA: 24B. DOTE 24C. NAME OF CEMETER ON, REMOVAL (Specify)	Autopsy, Inspection or Inquiry inquiry, find that said deceased died on the day stated above it, accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER
0	Burial 8/14/53 St. John's C ATE RECEIVED BY REGISTRAR'S SIGNATURE DCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
	S 151	WM & Tickner , Sons Inc. Balto my



BALTIMORE CITY HEALTH DEPARTMENT 53 Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED OF (Type or Print) supplied. DEATH USUAL RESIDENCE (Where deceased lived. If in titution; residence 3. PLACE OF DEATH: B. COUNTY A. STATE A. Baltimore City, Maryla (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR JOHNS HOPKINS HOSPITAL location) C. CITY OR TOW (If outside corporate limits, write RURAL and give carefully and legibly. (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days pe AGE (In year Il Undar 1 Year COLOR OR RACE 7. SINGLE. 8. DATE OF BIRTH Months Days Hours Min. last birthday) WIDOW, DIVORCED (Specify) plnods 10A. USUAL OCCUPATIO Give kind of work done during most of working life, even if retired) clearly 12. CITIZEN OF OF BUSINESS OR BIRTHPLACE (State or foreign country) INDUSTRY 0 of information death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) | (If yes, give war or dates of service) 16. SOCIAL ADDRESS of HOPKINS HOSPITAL (Yes, no or unknown) SECURITY NO causes CAUSE OF DEATH item 60X DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Every (This does not mean the mode of dying, e.g., arterio schrosis write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TE ANTECEDENT CAUSES INK. please DISEASES OR CONDITIONS, IF ANY, GIVING RTIFICATIO RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. H DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü IF OPERATION WAS RELATED TO 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION CAUSE OF DEATH, ENTER IN WAS PERFORMED WITH EDICAL important. PART I OR PART II 21C. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDERLYING INJURY OCCUR? OR CONTRIBUTING | CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY, 21F. HOW DID INJURY OCCUR? 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially NOT WHILE WHILE AT WORK AT WORK 11, 194 Sthat I last saw the 22. I hereby certify that I attended the deceased from Qua 16 19 63, and that death occurred at 2 m., from the earses and on the date stated above. PLEASE WRITE correct age is esp deceased alive on Live 238. ADDRESS 23A. SIGNATUR HOSPITAL HOPKINS JOHNS M. D. 24A. BURIAL, CRE A-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY 24B. DATE 240 N 25 FUNERAL DIRECTOR DATE RECEIVED BY SIGNATURE REGISTRAR LOCAL REGISTRAR

BINDING

FOR

RESERVED

MARGIN

VS 150

before admission)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

DNSET AND DEATH

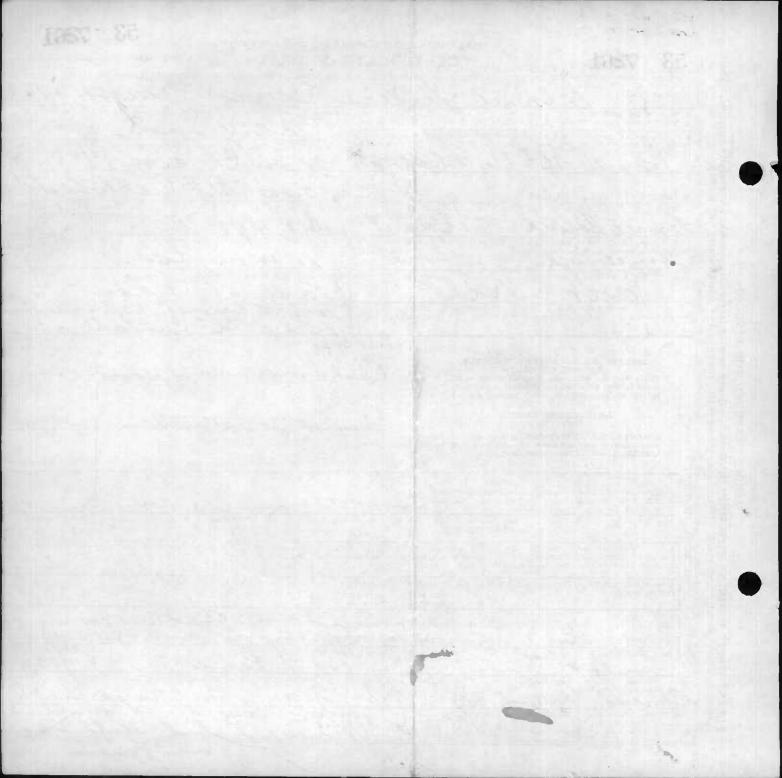
20. AUTOPSY7

23c. DATE SIGNED

ADDRESS

About Torrest Land Francis 24.19 and the second

11	6	2-520 52 man
9	-	BALTIMORE CITY HEALTH DEPARTMENT 33 7261 CERTIFICATE OF DEATH Registered No.————————————————————————————————————
The	1. (T	NAME OF DECEASED: Pope or Print) OF O 1 1 1 1 1 2 3
carefully supplied.	3.	PLACE OF DEATH: Baltimore City, Maryland A. USUAL RESIDENCE (Where deceased lived) institution: residence A. STATE B. COUNTY before admission)
ly sur	B. HC	FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR STITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give stription) ROW ISSUED
efull bly.	Tr	1522 M. Cullah J. Sattunise 14 - Vision Vision District Address, (Herral vive Action)
		Length of stay in Baltimore Mos. Days 1522 Me - Cullum St.
uld be	5.	SET 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOMED, DIVERCED (Specify) Luly 8, 1870 9. AGE (In years It Under 14 Hours Min. Windle Colored Victoria) Louis Light Fig. 1870 9. AGE (In years It Under 14 Hours Min. Min. Windle Colored Victoria)
information should be sof death clearly and l		A. USUAL OCCUPATION (Givekind of doce during most of working life, even if retired) A. USUAL OCCUPATION (Givekind of doce during most of working life, even if retired) INDUSTRY WHAT COUNTRY?
death	13	FATHER'S NAME 11. OF 14. MOTHER'S MAIDEN NAME
nfor of de	15 (Ye	. WAS BECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 SECURITY NO. 17 SECURITY NO.
of		1522 M. Cullah St.
y item the ca		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
Every item write the cau		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
		ANTECEDENT CAUSES
INK.	NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO
ING ins:	•	UNDERLYING CONDITION LAST. (C)
UNFADING Physicians:	ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
H	C	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS PERFORMED 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO NO NO NO NO NO NO NO
ILY, WITH important.	EDICA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?
ILY,	ME	DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
AIN		OF INJURY WHILE AT NOT WHILE AT WORK NOT WHILE
TE PL		22. I hereby certify that I attended the deceased from and 10, 1953, to any 11, 1953 that I last saw the deceased alive on any 10, 1942, and that death occurred at 45 mm., from the causes and on the date stated above.
RI		23A. SIGNATURE 23C. PATE SIGNED
	2 TJ	M. D. M. D.
PLEASE correct a		ATE RECEIVED BY REGISTRAR'S SIGNATURE
F 00		ALG 131059 to truston Hilliam 1963, Deliel Skill acre.



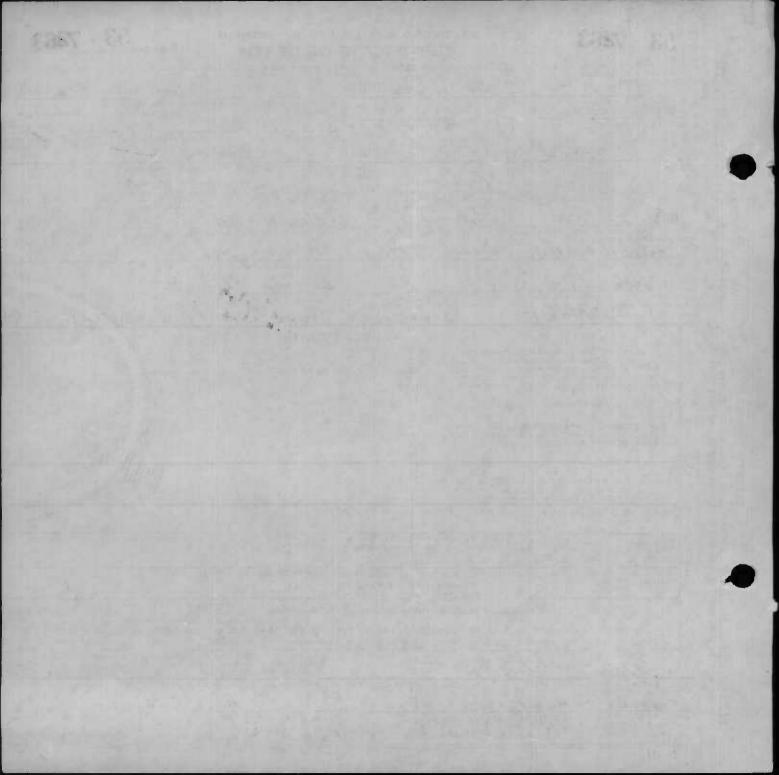
NOT A MEDICAL EXAMINER'S CASE OF CHIEF OR ASST. MEDICAL EXAMINER

The State of State of

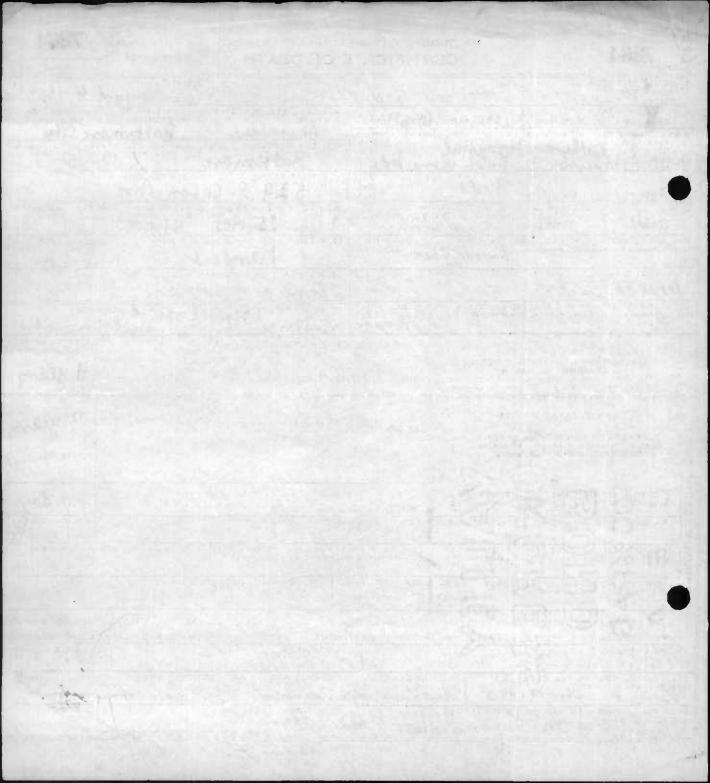
Personal mention Excellent 4 the

Topogeta of I have no worker by

ø.	В	53 7263 · · ·		EALTH DEPARTMENT	Registered No.	7263
. The		NAME OF DECEASED Type or Print) MILLA	RD OLIVERJORDA	N	2. DATE OF DEATH August	12. 1953
ADING information should be carefully supplied.		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W.	1	
[dns	H	FULL NAME OF finotin hospital or is OSPITAL OR NSTITUTION	nstitution, give street address or location)	Maryland c. CITY OR TOWN (If	outside corpora e li aits, w.	tte RURAS ind give
ully	-		General Hospital	Baltimore		township)
aref gibly	C	Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location) oria Street	CEO MILTI
be c		SEX 6. COLOR OF RACE 7. S	Days INGLE, MARRIED. IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Under last birthday) Months	
nld l		Male White	TARRICA	October 3,1916	36	Days Hours Win.
shor	WOE	one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12.	WHAT COUNTRY?
cion h ele	13	3. FATHER'S NAME	RCRAFI. MFg.	14. MOTHER'S MAIDEN NA	ME /	4.0,7.
IG rmat leatl	15		dan	EMMA Uho	luteh	
BINDING of inform uses of dea	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCE M, no or unknown) (If yes, give war or dates of nerv	security No.	17. INFORMANT	ADDR	ESS . CJ
of of uses		18. 4 > 0 . 1	2/4-0/-4843 CAUSE	OF DEATH	AM 1010 (A	MORIA ST
FOR item		DISEASE OR CONDITION DIRE LEADING TO DEATH	CTLY			ONSET AND DEATH
- 13		(This does not mean the mode of dyir heart failure, asthenia, etc. It means the	disease,	ary occlusion		
Ever Write		injury or complication which eaused	death.) OUE TO			
6.7	Z	DISEASES OR CONDITIONS, IF ANY,	(B)			
RESEI INK.	OIT OIT	RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.			11000000	
ADING icians:	ICA		(C)			
MARGIN UNFADING Physicians:	RTIF	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT F				
UNI	CE	TO THE DISEASE OR CONDITION CAUS		ATION	1	20. AUTOPSY?
byel	AL			Loss waises bib. Its	1 12 12	YES X NO
LY, WITH	DIC		B. PLACE OF INJURY (e. g., in thome, farm, fuctory, street, office bldg., e		in Baltimore City, give	exact location)
LY,	ME	21D. TIME (Month) (Day) (Year) (Hour OF INJURY) 21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
AIN		- INSURT	m. WHILE AT NOT WHILE			
PLAIN ecially i		22. I certify that I took charge of		Autoney Ir	espection or Inquiry	nereon and from
TE		the evidence obtained by said and degth in my opinion resul	Autopsy, Inspection or I ted from: natural causes	nguiry, find that said dec	eased died on the de	ay stated above, termined [].
WR]		23A. SIGNATURE	×	23B. CHIEF MEDICAL E.	XAMINER 23c. D.	ATE SIGNED
SE	24	4A. BURIAL, CREMA- 248 DATE		D. MEDICAL INVESTIGATO RY OR CREMATORY 24D. LO		st 13, 1953 ounty) (State)
PLEASE WRITE correct age is esp		BURIAL Ayg. 17.19	53 CEDAR HI	LL Ann	E ARUNDEL	County Md
PI		ATE RECEIVED BY REGISTRAR'S SIG	NATURE / Balling Ch	25. FUNERAL DIRECTOR	,	DRESS
	v	S 151	5003	T JEhwa	16 2101 MRE	ACK CA



1	7-4	00				53	7504
3	7264 RTH NO.				E OF DEATH	Registered No.	and the same of th
	NAME OF D ype or Print)	ECEASED CHARLES	DAIL	E. DAI	Ly	OF DEATH AYUN	11, 1953
Α.	PLACE OF D Baltimore (City, Maryland de	whera	n Huspital	4. USUAL RESIDENCE (W	here deceased lived. If inst	itution : residence before admission)
HC	SPITAL OR STITUTION	Luthran I	Bally	give street address or location)	C. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give township)
		tay in Baltimore	LIFE	Yrs. Mos. Days	529 S. C	aron Ave.	
	male	6. COLOR OR RACE	N	MARRIED, ED, DIVORCED (Specify)	0 chaper 25 190+	9. AGE (In years of Under last birthday) Months	I Year Under 24 Hours Days Hours Min.
work	A. USUAL OC done during most o	CUPATION (Give kind of of working life, even if retired)	BLOEDE A	Chem INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12.	WHAT COUNTRY?
_	GEORGE	DAILY			14. MOTHER'S MAIDEN NA	FFLEY	
(Yes	. WAS DECEASI	ED EVER IN Ü, S. ARMEI (If yes, give war or date	D FORCES? s of service)	16. SOCIAL SECURITY NO. 215- 09- 94-95	17. INFORMANT HOSMI	al recordado	more Md.
	18. 410	X and 21	XOOX	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does heart failu	LEADING TO DEA not mean the mode of are, asthenia, etc. It mes complication which	TH of dying, e.g. ans the disease	,	RAL STEA	0515	4 years
7		ANTECEDENT CAUS			IMATIC HEAR	T DISEASE	4 44
CERTIFICATION	RISE TO T	S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE	3			July S
TIFIC		11					
CER	TRIBUTING	SIGNIFICANT COND S TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED	DILABE	TIC ACIDO	515	one day
AL	19A. DATE C	OF OPERATION O	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO X
EDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE. (Specify)	21B. PLAC about home, far	CE OF INJURY (e. g., iz rm,factory,street,officebldg.,e		f in Baltimore City, give	exact location)
Σ	21D. TIME F INJURY	(Month) (Day) (Year)	w	IE. INJURY OCCURRI		OCCUR?	
				leceased from Cure		//	hat I last saw the
	237. SIGNA) M.	D M. D.	38. ADDRESS Heylin		3c. DATE SIGNED
24	AA. BURIAL,	CREMA- 24B. DATE Avg 14, 19		AC. NAME OF CEMETE	2	CATION (City, town, or collinger Ma	(State)
D/ LC	ATE RECEIVE DCAL REGIST	RAR	S SIGNATUR	INTITIO & JIME	25 FUNERAL DIRECTOR		DORESS
	VS 150		Ö	690H	R 35 12 Fred	derok and	
				0 / - / 1		HARLING	

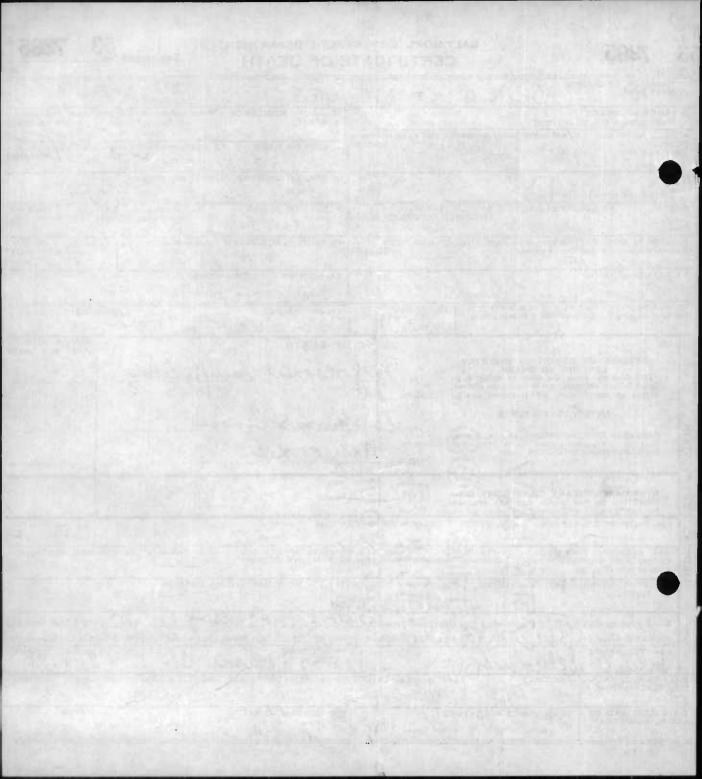


VS 150

BALTIMORE CITY HEALTH DEPARTMENT

53 7265

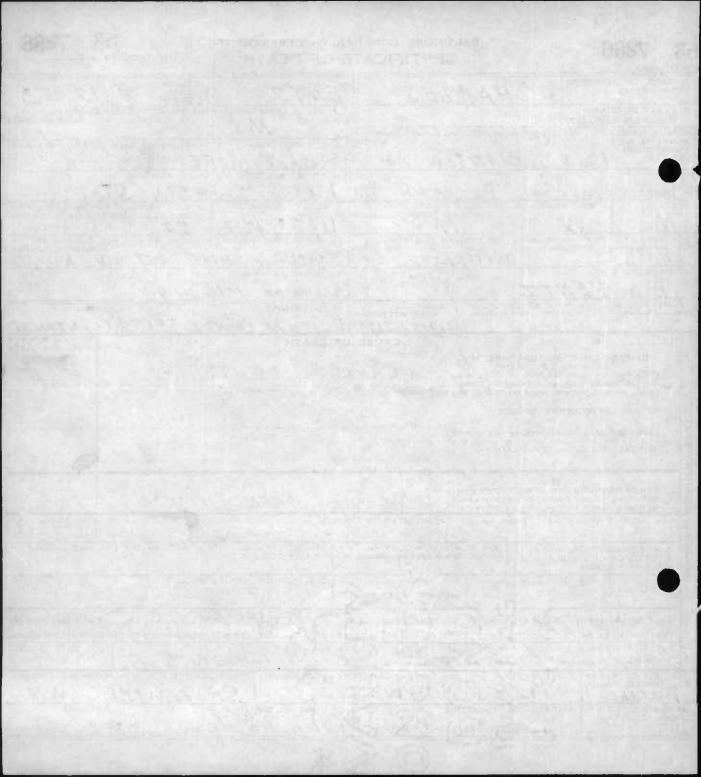
BI	RTH NO.	CERTIFICAT	E OF DEAT	H Registered	No.
	NAME OF DECEASED VIEOLA	G. ME	1ERS	2. DATE OF DEATH AUG.	12.1953
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDE	NCE (Where deceased lived, I	f institution : residence before admission)
	FULL NAME OF (If not in hospital or institu	tion, give street address or location)	c. CITY OR TOWN	2	CALL
IN	STITUTION 3906 4th. S		BA	(If outside corporate limit	its write AUR L and give township)
1	Secretarian Policina	6/-Yrs. Mos.	D. STREET ADDRE	111. 51 /7	Read Gellin
	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGL	Days E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
F	· W.	WED, DIVORCED (Specify)	5-18-188	last birthday) M	onths Days Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		1771	0	
1.0	George W. Noble		14. MOTHER'S MA	L. A Jakes	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	77.2000	- DDDF66
(Ye	(If yes, give war or dates of service)	SECURITY NO.		leyers 3906 -4	4 St
	18. 422.1	CAUSE	OF DEATH		INTERVAL BETWEEN DNSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Then	200 11.1	Q 11. a	
6	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	se,	Ocordial	rusay a ceeper	***************************************
	injury or complication which caused deat	h.) DUE TO		10	
7	ANTECEDENT CAUSES	(B) Ox	prio Sele	extris -	
0	DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T	NG DUE TO 7		**************************************	********
CATION	UNDERLYING CONDITION LAST.	(c) ///	yocorder	>	
IF	11		(1-		
CERT	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT	FD	-		
Ü	19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?
AL					YES ND
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home	ACE OF INJURY (e. g., i , farm, factory, street, office bldg.,	or 21c. WHERE D		give exact location)
Σ	TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	m.	WHILE AT WORK AT WORK	3		
	22. I hereby certify that I attended the	accompca ji on		, to levy 12, 195	that I last saw the
L,	deccased alive on 8 9 , 195 2	and that death occur	red at 35 A.m.	from the causes and on t	the date stated above.
	Elu d' Scheunch	M. D. 2	38. ADDRESS. CO	carles St.	8/12/53
Z4 Tij	BURIAL, CREMA- 24B. DATE	Mt OLIVE	RY DR CREMATORY	BALTIMORE	n, or county) (State)
D.	ATE RECEIVED BY REGISTRAR'S SIGNAT		25. FUNERAL DIR		ADDRESS
10	CAL PECICEDAD	2/11/11/11/11/11	11.	A V greet	



E BI	7-532 3 7266 IRTH NO.		EALTH DEPARTMENT E OF DEATH	53 Registered No.	7266
(T		HARLES 1	PENTZ	2. DATE OF DEATH	12/53
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If insti B. COUNTY	tution: residence before admission)
H	OSPITAL OR	ital or institution, give street address or location)		outside corporate limits, wr	
A.	1313 5. 6	CLINTON ST Yrs.	BALTIMOI D. STREET ADDRESS (If	RE LIGHT rural, give location)	(ownship)
C.	Length of stay in Baltimore	40 YEARS. Mos. Days	1212 0 111		
	M 6. COLOR OR RACE	WIDOWED, DIVORCED (Specify)	11/77/1900	9. AGE (In years if Under last birthday) 52	
NOL.	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired	INDUSTRY	EASTERN SHI		CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	GAS RANGES (M)	14. MOTHER'S MAIDEN NA		· D.A -
16	E.S. PENTZ	TO FORGER LAG GOGGIA		GEINS	
(Ye	5. WAS DECEASED EVER IN U. S. ARME e, no or unknown) (If yes, give wer or dat	16. SOCIAL SECURITY NO.	17. INFORMANT	TZ. 13139.CL	
	18. /63X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA	DIRECTLY PAA	CER OF L		2-3-11
	(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	ans the disease.		. 0 / 0 /	2011
	ANTECEDENT CAU				
ATION	DISEASES OR CONDITIONS.	IF ANY, GIVING			•••••••••••••••••••••••••••••••••••••••
TA	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	STATING THE DUE TO AST. (C)			
IFIC,	11				
ERTI	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT	NOT RELATED PLAN	IL BRONGHI	71	Sur
U	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER			20. AUTOPSY?
EDICAL		L ata BLACE OF INTERV	Late WUEDE DID. (I	S in Dalinary City	YES NO
	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		f in Baltimore City, give	exact location)
Σ	TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY	OCCUR?	
	Moon	m. WHILE AT NOT WHILE			
	22. I hereby certify that I at	tended the deceased from S	EPT. 8 1952 to A	106.12,19 3th	
	deceased alive on 1997	19.53 and that death occu	rred at 3 2 m., from to	he causes and on the d	ate stated above. 3c. DATE SIGNED
	Pergamen Of	ighteen M.D.	121 S. HILHLA	NO AVE 8	4/12/53
TI	AA. BURIAE, CREMA- 24B. DATE ON, REMOVAL (Specify)	1/53 SCHWAR		CATION (City, town, or co	ounty) (State)
D	ATE RECEIVED BY REGISTRAN	S SIGNATURE	25. FUNERAL DIRECTOR	AD	DRESS
Δ	UG 131653 1 1 mm	tingtons Williams	Clarence 7 10	Imann 1634 1	Broadway

VS 150

9703D



MARGIN RESERVED FOR BINDING

0-	27	2	0
141	, "		

BALTIMORE CITY HEALTH DEPARTMENT

52	ליםפניו
Registered No	1001

BIRTH NO.	CERTIFICATI	E OF DEA	TH Registered	48 1301
1. NAME OF DECEASED			2. DATE	
(Type or Print) AVON W.	DAVIS SR.	DI WINDS	DEATH 8/	11/53
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESI	DENCE (Where deceased lived, B. COUNTY	If institution : residence before admission)
- Fill I MARKE OF (If not in hospital or institu	ation, give street address or	MARYL		1011
HOSPITAL OR PROVIDENT HOSPIT	AT. location)	c. CITY OR TOW		its, weit RURAL entreive township)
HOSPITAL OR PROVIDENT HOSPIT 1514 DIVISION ST.		BALTI		
24	Yrs. Mos.	D. STREET ADD	RESS (If rural, give location)	
c. Length of stay in Baltimore	LIFE Days		DRUID HILL AVE	
M C 7. SING	LE, MARRIED, WED DIVORCED (Specify) RRIED	4/10/188	Investigate day of 1	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIN	D OF BUSINESS OR		(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
work done during most of working life, even if retired) RETIRED SUPT.	AL DEPT .	BALTIM	ORE MD.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S N	MAIDEN NAME	
WINSLOW DAVIS		ALICE	CHRISTMAS	
(Yee, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT EDITH DA	VIS(W)1511 DRU	ADDRESS ID HILL AV.
18. 1/1/2/	CALISE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		JEAN!	A 11 -	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e	8.161 BC	reusive	Cill Discase	3
heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase,			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, IF ANY, GIV				
UNDERLYING CONDITION LAST.	(C)			
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIB				
OTHER SIGNIFICANT CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONI			IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	IN YES NO
Z1A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF about	1B. PLACE OF INJURY (ut home, farm, factory, street, office	e. g., in or 21C. WH	ERE DID (If in Baltimore Cit	y, give exact location)
W DEATH (NOTIFY MEDICAL EXAMINER)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,711		
21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURR	ED 21F. HO	W DID INJURY OCCUR?	(
OF INJURY . m.	WHILE AT NOT WHI			
22 I hereby certify that I attended th	e deceased from	-/ . 19	53to 8-11 19	33 that I last saw the
22. I hereby certify that I attended the deceased alive on 8 - 1, 193 3	and that death occur	rred at 5-26/A	m., from the causes and on	
23A/SIGNATURE - /	. 10	23B. ADDRESS	TIL PL	23c. DATE SIGNED
Terceval V. Au	uu M.D.	109 HWYM	no racis I rug	8-13-83
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATOR	RY 24D. LOCATION (City, toy	vn, or county) (State)
BURIAL 8/15/53	MT. AUBURN		BALTO. MD.	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNA	ERFERT AND	CHARLES	la landaman ma .	CARROLLTON
AUG : C 1000	1	001	1101	AV
VS 150	29090 (Kaules	H.Cooper	

. Carro . to HOYA

BE TREE SLAM. POSTAL BOPT. BANKI SIK MO.

70 3000

SMITHE DESIGNA

. Ya Limi yang mere

The state of the s

1-	5	5	2
726	88		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	53	7268
Registered	140	

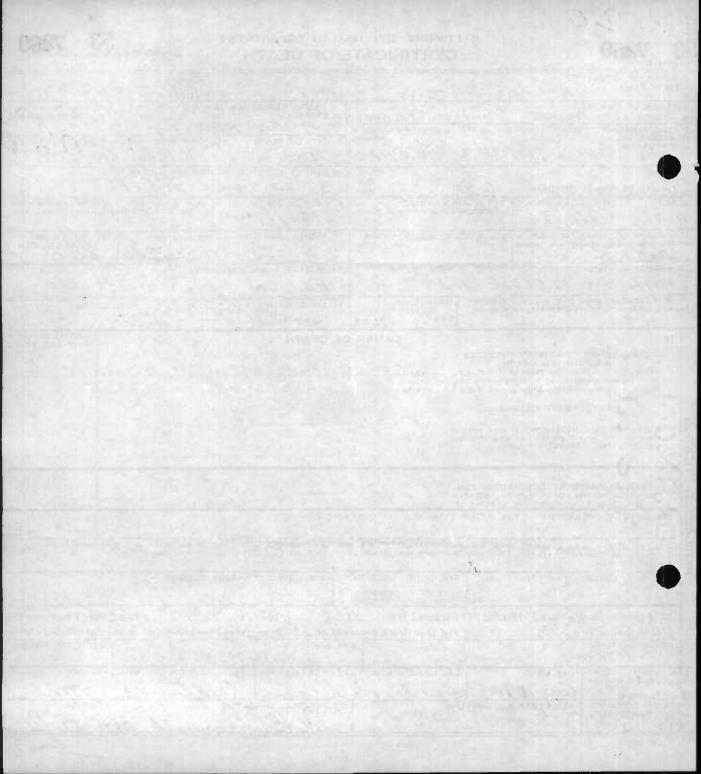
11-	BI	RIH NO.						
		NAME OF E	Frederic	k Loeh	ning			13,1953
	A.	PLACE OF D Baltimore (City, Maryland 80		lton Ave.	4. USUAL RESI A. STATE 803 N.M.	DENCE (Where deceased lived, If B. COUNTY (before admission)
	HC	SPITAL OR STITUTION	OF (If not in hospital	a or institut	location)			
ig ·	A	-11			Yrs.		RESS (If rural, give location)	
20	0	Longth of a	tar in Poltinous		Life Mos.		lton Ave.	(5)
		SEX	tay in Baltimore	7 SINGLE	E. MARRIED.	8. DATE OF BIR		
y and legibly	1	Mlae	White	Widow	ED, DIVORCED (Specify)	Oct.29,18	80 last birthday) Mc	onths Days Hours Min.
clearly	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Upholster 10B. KIND OF BUSINESS OR INDUSTRY Fallon & Heene Co.				INDUSTRY	11. BIRTHPLACE	E (State or foreign country) Balto. Md.	12. CITIZEN OF WHAT COUNTRY?
		FATHER'S				14. MOTHER'S		
death			Frederic			Elizabe	eth Bowman	
	15 Yes	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
es					213-03-1908	Mrs. Walte	er Carey 803 N.Milt	on Ave. (5)
Physicians: please write the causes	CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e. p., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF UNITED THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION OF THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION OF THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION OF THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION OF THE DEATH BUT NOT RELATED TO THE DEATH B							O 20. AUTOPSY?	
اند	亅			AS PERFO			CAUSE OF DEATH, ENTER I	YES NO
especially important.	1EDIC/	OR CONTRI	ENT WAS UNDERLY! BUTING CAUSE OF	about	. PLACE OF INJURY (home, farm, factory, etreet, office	e. g., in or bldg., etc.) 21C. WH INJURY	IERE DID (If in Baltimore City, OCCUR?	give exact location)
ılly in	2	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) :	WHILE AT WORK AT WORK	LE	W DID INJURY OCCUR?	(
specia			by certify that I att	- James of	deceased from	rred at lo a	The Ching 3, 195	I that I last saw the he date stated above.
e is		23A. SIGNA		· Dr	charsky?	19 39	The Eller	23c. DATE SIGNED
38	24	N. REMOVAL	CREMA- 248. DATE	1	24c. NAME OF CEMETE	RY OR CREMATOR	240 LOCATION LUTY, LOWIN	, or gounty) (State)
Ct	710	Buris		/53	Baltimore	Cem	Balto. Md.	
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ADDRESS A							
	4	 1 1 1 1 1 1 1 1 1 1	A LIMITAN	1000	Throng and	Muy	more of street, -	31
		VS 150	-		5933	3 /		01

-320

3	100	269)	ВА		EALTH DEPARTMENT	Registered No.	3 7269
1. N	AME e or P	OF DE	CEASED	<i>h</i>		/	2. DATE OF	112 152
		OF DE		()	forgan L	4. USUAL RESIDENCE (DEATH Where deceased lived. If ins	
B. Fl		AME O	ty, Maryland F (If not in hosp)		tion, give street address of location			before admission)
	rituti	ION	INION ME	MORIA	L HOSPITAL	BALTI	outside corporate limits,	write HOLAL and give mshlp
4		6 1	. 7. 11.	0-	Yrs. Mos.	D. STREET ADDRESS (If 35 40 BE		· c
c. L 5. SI			ny in Baltimore	17 SILGL	Days		9. AGE (In years) If Un	der 1 Year If Under 24 Hours
	AL	3	WHITE	WiDes	E) MARRIED. NED, DIVORSED (Specify	6/30/1910	last birthday) Mont	hs Days Hours Min.
OA.	USUA	L OCC	UPATION (Give kind of working life, even if retired	10B. KIN	D OF BUSINESS OR INDUSTRY		- / 00 1	2. CITIZEN OF WHAT COUNTRY
	ATHE	R'S NA	ME			BALTIMOT		U.S.A
		RLS	4 -	N	LVT2	14. MOTHER'S MAIDEN N		FNCHS
15. V	WAS DE	CEASED	EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO. 220 - 14 - 9633	17. INFORMANTY dia		PRESS
1	8.	331	X			OF DEATH	5-71.17	INTERVAL BETWEEN
	D	ISEASE	OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This	s does r	LEADING TO DEA not mean the mode , asthenia, etc. It me	of dying, e.	g., (A) CERE	BRAL VASCU	LAR ACCIO	ENT
	inju	ry or c	omplication which	caused deat	h.) DUE TO			
		A	NTECEDENT CAU	SES				
5			OR CONDITIONS,			•••••••••••••••••••••••••••••••••••••••	•••••	***************************************
	UND	ERLYII	NG CONDITION L	AST.	(C)			
-					(0,		***************************************	
	TRIB	UTING 1	SNIFICANT COND TO THE DEATH, BUT EASE OR CONDITION	NOT RELAT	ED HUPS	RTENSION		
1					FINDINGS OF OPE	RATION		20. AUTOPSY?
1 1	LYING		NT WAS UNDER- CONTRIBUTING	21B. PL about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	in or 21C. WHERE DID (:etc.) INJURY OCCUR?	If in Baltimore City, give	YES NO Le exact location)
	. TI	ME (M	Ionth) (Day) (Year) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJURY	Y OCCUR?	
	INJ	URY		m.	WHILE AT NOT WHILE AT WORK			
2	22. I h	rereby	certify that I at	tended the		2/2	8/12 , 1953,	that I last saw the
d	leceas	ed alir	e on 8/12	,1953,	and that death occu	77 1953, to mred at 235 mm., from t	he causes and on the	date stated above
2	3a, SI	GNATL	ire	Rich	м. р.	UNION.MS	M. HOSP	8/12/53
ION	BURI	IAL, CR	ecify)	100	24c. NAME OF CEMETE	ERY OR CREMATORY 240. L	OCATION (City, town, or	county) (State)
		EIVED GISTR		S SIGNATI	Jouden a	25 FUNERAL DIRECTOR	allimore /	DDRESS
14	IG I	319	3 Juntury	ton 11	With a state of the state of th	Vaul E. Chen	with 361	5-17 Chesis

VS 150

39099



MARGIN RESERVED FOR BINDING

B. FILL NAME OF A 11 pot in heapited or inetitation go ye street address or Hospital or Baltimore 1.4940 Eastern Avenue C. Length of stay in Baltimore	
A Baltimore City, Maryland Beltimore City Hospitals location Hospital or Location Hospital Hosp	
Second Process Seco	residence re admission
Separated Sepa	LAL and give
Male Negro Separated Separ	
To the Board Cause (a) Stating the Coronary thrombosis Diseases or conditions, if any, giving Rise to the Above Cause (a) Stating the Underlying Contributions Contributing To the Death But not related to the Constitution of Contributions Contributing To the Death But not related to the Contribution of Contributions Contributions (c) Death But not related to the Contribution of Contributions (c) Death But not related to the Contribution of Contributions (c) Death But not related to the Contribution of Contributions (c) Death But not related to the Contribution of Contributions (c) Death But not related to the Contribution of Contributions (c) Death But not related to the Contributions (c) Death (notify Medical examiner) 21a. Accident Was underlying and the Contributions (c) Death (notify Medical examiner) 21b. Distance of Contributions (c) Death But not related to the Contributions (c) Death (notify Medical examiner) 21c. Time (Moth) (Day) (Year) (Hour) (Death of Contributions) (Death (notify Medical examiner) (Death (notify Medical	H Under 24 Hours Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL (Yes, no or unknown) 17. INFORMANT 17. INFORMANT 18. C. H. 4940 Eastern Aven. (redered 19. Leading to Death (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death) oue to ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION STATES TO THE OSEASE OR CONDITION CAUSING I. (C) OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION (C) TO THE BIGNIFICANT CONDITION FOR WHICH OPERATION (C) PART I OF PERATION WAS RELATED TO THE OBSEASE OR CONDITION CAUSING I. (D) OR CONTRIBUTING CAUSE OF (D) OR CONTRIBUTIN	EN OF T COUNTRY
(Yes, no or unknown) (If yes, give war or dates of service) 23-05-0484 B.C.H. 4940 Eastern Aven. (records and all all all all all all all all all al	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OBSEASE OR CONDITION AUSTRIC (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DOISEASE OR CONDITION CONTRIBUTING ON THE DEATH BUT NOT RELATED TO THE OBSEASE OR CONDITION AUSTRIC (C) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO CAUSE OF CEATH. ENTER IN YES 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT WORK 22L I hereby certify that I attended the deceased from 8 - 11 - 1953, to 8 - 11 - 1953 that I deceased alive on 8 - 11 - 1953, and that death occurred at 15A on., from the causes and on the date states of the course of the causes and on the date states of the course of the causes and on the date states of the course of the causes and on the date states of the course of the causes and on the date states of the course of the causes and on the date states	s)
OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION CAUSE OF OEATH, ENTER IN YES 21A. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., in or obout home, farm, factory, street, uffice bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact INJURY OCCUR? 21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 8 - 11 - 1953, to 8 - 11 - 1953 that I deceased alive on 8 - 11 - 1953. and that death occurred at 15A m., from the causes and on the date st 23A. SIGNATURE 23B. ADDRESS 4940 Eastern Avenue	
WAS PERFORMED CAUSE OF CEATH, ENTER IN YEST	UTOPSY?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK 22. I hereby certify that I attended the deceased from 8 - 11 - 1953, to 8 - 11 - 1953 that I deceased alive on 8 - 11 - 1953, and that death occurred at 154 m., from the causes and on the date st 23A. SIGNATURE 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23A. DA 3 that I deceased from 8 - 11 - 1953, to 8 - 11 - 1953, to 8 - 11 - 1953 that I deceased alive on 8 - 11 - 1953. and that death occurred at 154 m., from the causes and on the date st 23B. ADDRESS 23C. DA 3-11	No 🗌
23a. SIGNATURE 23b. ADDRESS 4940 Eastern Avenue 8-11	
23a. SIGNATURE 23b. ADDRESS 4940 Eastern Avenue 8-11	
	last saw th
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY 24o. LOCATION (City, town, or county) Hyco Baptist Church Cem. Richmond Va.	last saw th tated above ATE SIGNED 1-1953
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRES Charles R. Law, 802 Madison Ave.	L-1953

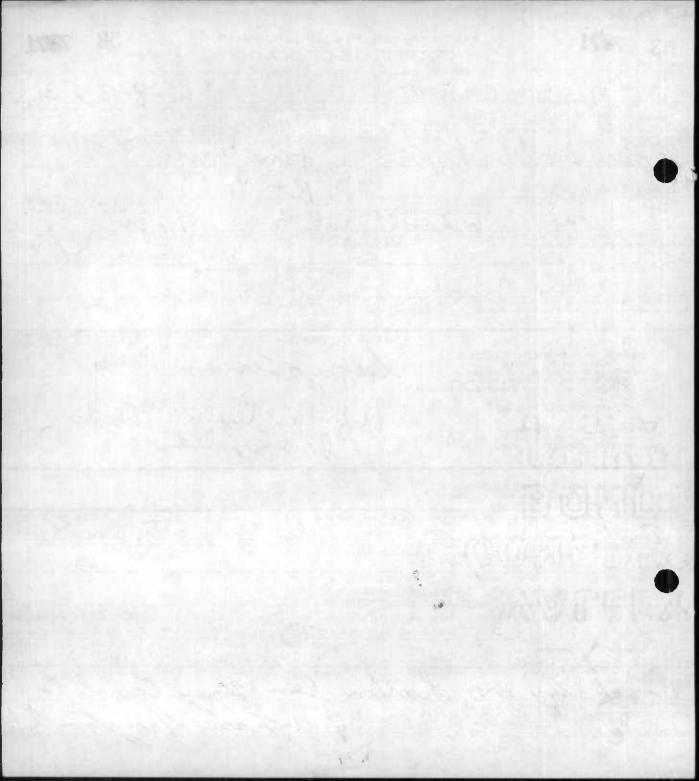
7870 med for Marie La Mariabat, M cromage Carenness Communication States and and and a last to make the last the control of the paying treached to Mir was a capacity

53 7271

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7871

DI	00	Polit 6 and		CERTIFI	CATE	OF DEA	TH	Regis	stered No	1 10	11
	NAME OF D	DECEASED					1 :	2. DATE			
(T	ype or Print)	MRS, Ella	Cor	nell				OF DEATH	8-13-	-5	3
	Baltimore	City, Maryland	Yea			4. USUAL RESI	DENCE (Whe	re deceased			sidence admission)
	FULL NAME	OF (If not in hospita	al of institut		ddress or	MAIC	VILLE HELL	we -	lean		2
IN	STITUTION	muland Ho	on H	19 10	/	c. CITY OR TOV			rate limits, wri	te RURA	township)
1	TAGO	10914000 100	SAT-11A	09/71	Yrs.	D. STREET ADD	RESE (If run	ral, give loc	ation)		
		stay in Baltimore		•	Mos. Days	RT	9/#	-1	2	600	
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, PED, DIVORCED	(Specify)	1878	TH	last birth	years if Under I day) Months	Year If Days Ho	Under 24 Hours ours Min.
ork	A. USUAL OC done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS	SOR	11. BIRTHPLACE	(State or forei	ign country		WHAT C	OF OUNTRY?
13	. FATHER'S	NAME				14. MOTHER'S I	www	jeva	nea	US	1
	e	1.000	5	0 -		WAR S	MAIDEN NAM	~ /	7 4		
15	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES	1 16. SOCIAL		Mia	my Co	Znel	<u></u>		
Ye	, no or unknown)	(If yes, give war or dates	of service)	SECURIT	Y NO.	17. INFORMANT			ADDRE	SS	
	18. / 97	·		CA	USE O	F DEATH	Hi : -				BETWEEN ND DEATH
	DISEA	SE OR CONDITION	DIRECTLY		1		1	7	200	Wari V	- DEATH
	(This does	LEADING TO DEAT s not mean the mode o ure, asthenia, etc. It mean	f dying, e. g	· (A)	No	myo	anco	ma	ALONG		
	injury or	eomplication which e	aused death	.) DUE TD		0					
		ANTECEDENT CAUS	ES		0, 1	4.3	1	1	000	in .	
	DISEASE	S OR CONDITIONS, 15	ANY GIVIN	(B)	Idag	Walter.	min	h C	I comme	43	
	RISE TO	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO	-	Dantel		liters			
5				(C)		Vijos	3, VV-6-	60000			******
		II.								100	
4		SIGNIFICANT CONDITED THE THE DEATH, BUT									
ز		DISEASE OR CONDITION		FINDINGS O	E OPERA	TION				20, AU	TOBS 2
	7 -	7-53	elow	1100	yourg	Pelasi	- Gines	wet	entan	YES X	NO
3		DENT WAS UNDER-	218. PLA	CE OF INJUR	Y (e. g., in	or 21c. WHERE	DID (If i	n Baltimor	e City, give e		ation)
	CAUSE OF	R CONTRIBUTING DEATH	about nome,	arm, factory, street, o	mce plag., ex	injury occ	- CORT				
-	TIME	(Month) (Day) (Year)	(Hour)	2 1E. INJURY O	CCURRE	21F. HOW D	ID INJURY C	OCCUR?			
			m.		OT WHILE						
	22. I herch	by certify that Latt	ended the	deceased from	m 8 -	7-5-319	_, to 8 -	13	, 195 , The	at I las	t saw the
	deceased a	- U		and that deat	h occurr	ed at 715/11	n., from the	causes ar	nd on the da	te state	ed above.
	ANDIS AES	Espona	ed ?	Losler,	23 M. D.	D. ADDRESS	ylan	el g	ly Hosp	C. DATE	13-0
24	H. BURIAL		16.53	24C. NAME OF	EMETER	Y OR CREMATOR	91/	ATION (Ci	ty, town, or to	111	(State)
	ATE RECEIVE	D BY REGISTRAR'		RE'	TUN	25. FUNERAL D	IRECTOR	1	ADI	BESS	h .
LC	AUG	4 105 Thurtu	ytan ;	Velliams	MA	C-0-4	russ	1/0	nyk	nun	hel.
	VS 150		7		-dead	E-4 F	Q-		//		

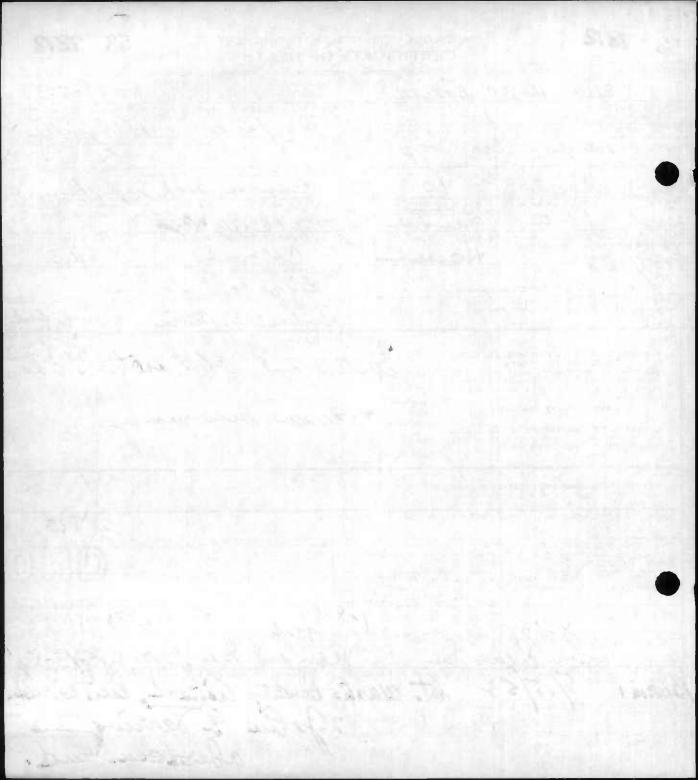


3-346

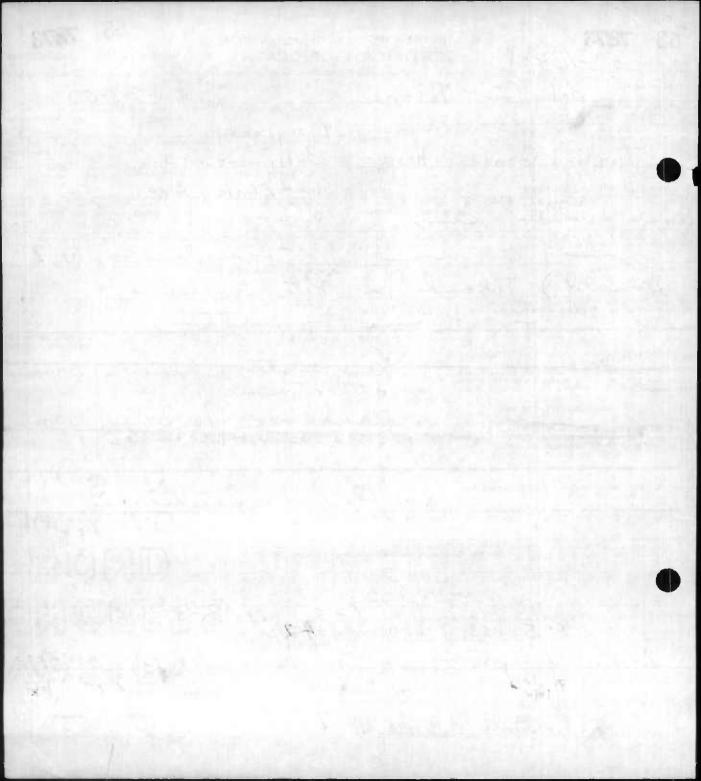
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7272

CERTIFICA	TE OF DEATH Registered No
BIRTH NO.	
Type or Print) ELLEN HANSEN BUTLER	2. DATE OF 8-13-5-3
B. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY & Confedera admission)
o. FULL NAME OF (If not in hospital of institution, give street address Hospital OR Waveland Gen.) Joseph	
	rs. D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore 10	Cawas Back Inn, Pengville
S. SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED (Sp.	8. DATE OF BIRTH 9. AGE (In years If Under Year Months: Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OF INDUSTRIBUTION OF BUSINESS OF INDUST	
3. FATHER'S NAME	Colorado dis.
Ches. C. Hansen	Elizabeth Davis
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	o. Pichael S. Bulla Ganras Back
18. 175X . CAUS	SE OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 Cl S. At One hopeil
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	restend obstruction + 5 days
ANTECEDENT CAUSES	
(B)	varian Malignarcy
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
II CONTRACTOR OF THE CONTRACTO	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF C	PERATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office to cause of Death	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	JRRED 21F. HOW DID INJURY OCCUR?
NJURY m. WHILE AT NOT W WORK AT W	
22. I hereby certify that I attended the deceased from_	
deceased alive on 19 19 19 32 and that death o	courred at 9:12 Am., from the causes and on the date stated above.
Johnen Weng pe M.D.	1 10 1 10 14 4 1 11 14 14 14 14 14 14 14 14 14 14
144 BURIAL EREMA 200 DATE 24C. NAME OF CEM	the structure (like we lecited with the structure)
OCAL REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIECTOR ADDRESS
AUS 150' 133)	To the to do the
	aberdeen und.



53 7873 BALTIMORE CITY HE		53 Registered No.	7273
1. NAME OF DECEASEO	E OF BEATH	2. OATE	
3. PLACE OF DEATH:	4. USUAL RESIDENCE (W	OF DEATH 8-5-	53
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	A. STATE Mary and	B. COUNTY	before admission)
Institution Maryland Czeneral Hosp.	Baltimore	outside corporate limits, wi	rite RURAL and give ownship)
E. Length of stay in Baltimore O Yrs. O Mos. Days	D. STREET ADDRESS (If r	ural, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Under Months	Days Hours Min.
(I)OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	USA
15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDR	ESS
no - none	molh		
12-11-7	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	sinotory to attack	failure.	30 min
ANTECEDENT CAUSES		9.0	80-:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	g. heart of	isease.	
(c)			••••••
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	· diophragmati	Lennia	
19A. DATE OF OPERATION 198 MAJOR FINONGS OF OPER	ATION ()		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., e		in Baltimore City, give	exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	14
m. WORK AT WORK	- 5 , 195 8 to 8	- < 10 < 2	77
22. I hereby certify that I attended the deceased from deceased alive on 5, 1953, and that death occur		e causes and on the d	nat I last saw the
	Ind. Den.		Sc. DATE SIGNED
	RY OR CREMATORY 24D. LO	CATION (City, town, or c	ounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	AD	DRESS
VS 150	1400	- ALDRESO	



VS 150

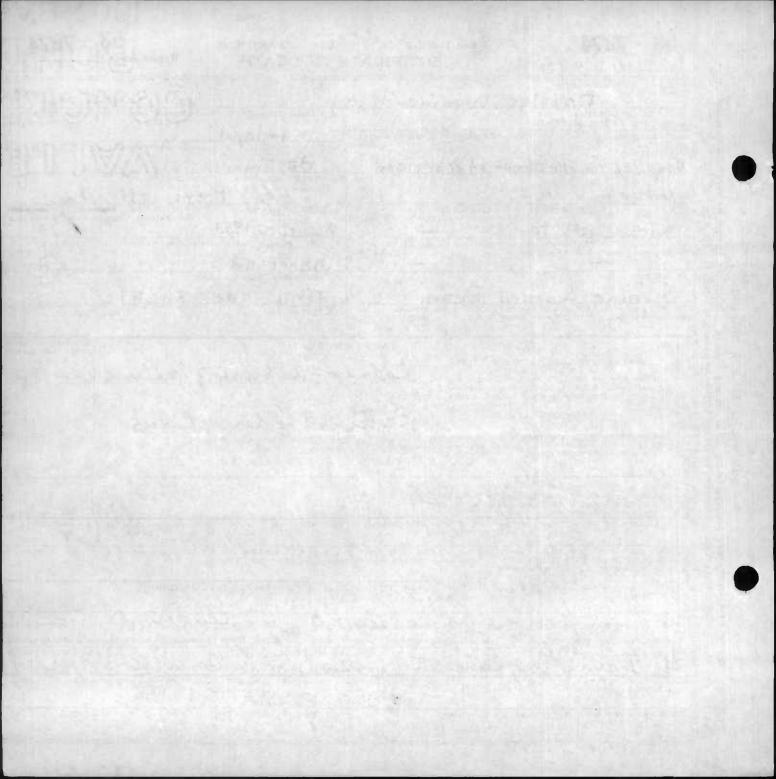
53	7274
Registered No.	7.071
OF Augus	+ 12 1953
re deceased lived, if inst.	itution; residence before admission)
side corporate limits, w	
6 27-	3 4 township)
al, give location)	Aue.
Myne I Under I Under	I Year H Under 24 Hours Days Hours Min.
gn country) 12.	CITIZEN OF
	U.S.A.
Sherle	
ADDE	RESS
	INTERVAL BETWEEN
7 ;	ONSET AND DEATH
Tailme	lang 18hs
Lelus	••••••••••••
N WAS RELATED TO DEATH, ENTER IN PART II	20. AUTOPSY? YES NO
in Baltimore City, give	e exact location)
RY OCCUR?	
45/2 183 ti	
causes and on the	hat I last saw the late stated above.
men 8 40 2	A DATE SIGNED
ATION (City, town, or o	county) (State)
פטכו ש	

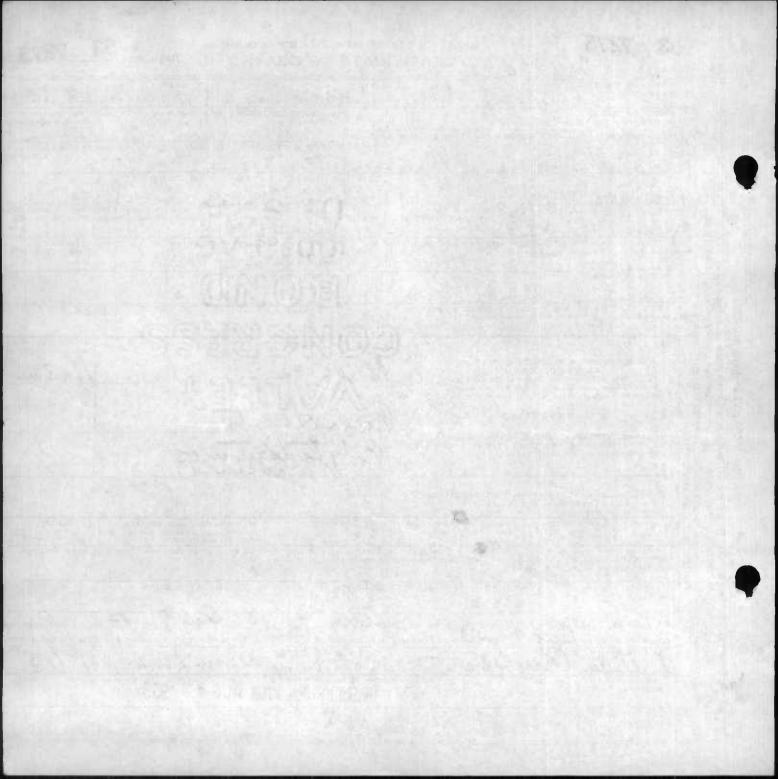
ADDRESS

(If rur

from the

24D. LOC





MARGIN RESERVED FOR BINDING

The

5	-	6	3	2
53		72	76	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

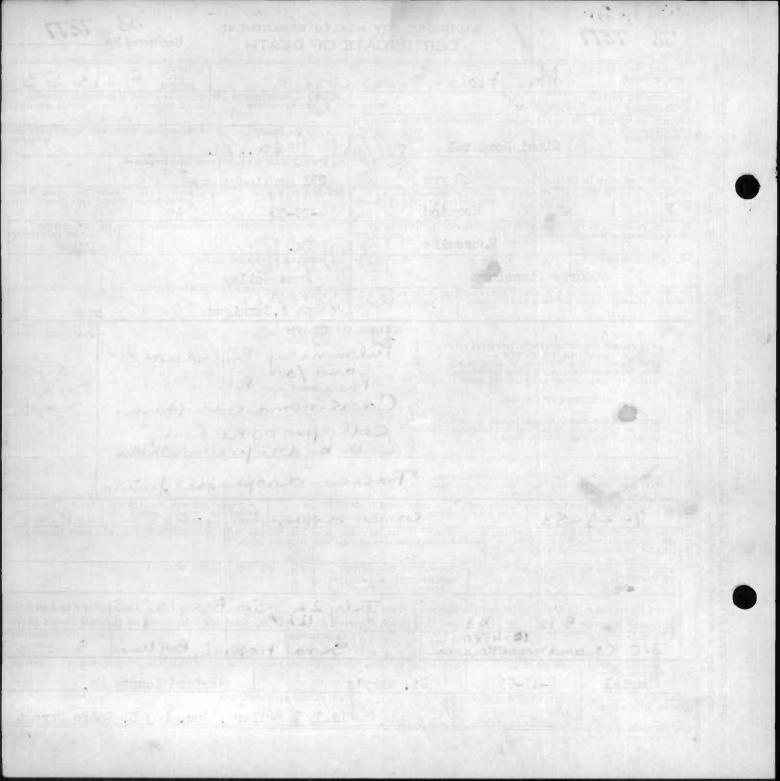
53	MORIO
	7276
Registered No	1410

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	ala I Cabananta		2. DATE OF			
3. PLACE OF DEATH: A. Baltimore City, Maryland	ola L. Schwartz	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)				
	spital or institution, give street address or location) rt Street	c. CITY OR TOWN (If	outside corporate limits, write RURAL and give township)			
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If a				
female 6.COLOR OR RAC	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	Feb. 14, 1889	9. AGE (In years 11 Under 1 Year 11 Under 24 Hears 1 Under 24 He			
10a. USUAL OCCUPATION (Give kin work done during most of working life, even if reti housewife		11. BIRTHPLACE (State or for Philadelphia, Per	WHAT COUNTRY?			
13. FATHER'S NAME William Thomas		Philadelphia, Per 14. MOTHER'S MAIDEN NA Mary Pross	AME			
15. WAS DECEASED EVER IN U. S. AR (Yes, no or unknown) (If yes, give war or	MED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	artz, 1210 Carroll Street			
ZO DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION TO THE DEATH BUT NO	S, IF ANY, GIVING (A) STATING THE DUE TO LAST. (C)	Le Puluionary inselvatie C	.v.D.			
TO THE DEATH BUT NO DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION			TION WAS RELATED TO 20. AUTOPSY?			
21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (NOTIFY MEDICAL EXAM	WAS PERFORMED LYING 218. PLACE OF INJURY (about bome, farm, factory, street, office INER)	(e. g., in or bldg., etc.) CAUSE O PART I o (bldg., etc.) INJURY OCCUR?	OF DEATH, ENTER IN YES NO (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Ye OF INJURY	m. WHILE AT NOT WHILE AT WORK AT WORK	LE	URY OCCUR?			
decemped alive on Aug.	ellow Dub 3	rred at 19 Am., from to	that I last saw the ke causes and on the date stated above. 4. Auc. 23c. DATE SIGNED 8-12-53			
24A. BURIAL CREMA- TION REMOVAL (Specify) 8/15,	/53 Loudon Park	ERY OR CREMATORY 24D. LO	ocation (City, town, or county) (State) Limore, Maryland			
DATE RECEIVED BY REGISTR LOCAL REGISTRAR	ARIS SIGNATURE	Wan Cake	ADDRESS 1217 St. Paul Street			
VS 150	0					

Less Colleges Office Statement of Books and TO DE LOS OF THE PARTY OF THE P

MARGIN RESERVED FOR BINDING

(ED 17		BAL			ALTH DEPARTM	ENT	53	7277
BI	53 77	277		CERTIFIC	CATI	E OF DEATH	Regis	stered No.	
1.	NAME OF Di	ECEASED M	Hol	en Co	70	Liann	2. DATE OF DEATH	8.	13.53
	PLACE OF DI Baltimore C	ity, Maryland Y				4. USUAL RESIDEN			titution : residence before admission
HC	FULL NAME OSPITAL OR	OF (If not in hospita	l or instituti		dress or ocation)	c. CITY OR TOWN	(If outside corpor	rate limits, w	rite RURAL and give
IN	STITUTION	Sinai	Hospita	a		Balto.		Esse	township
		ay in Baltimore	40	yrs	Yrs. Mos. Days	o. STREET ADDRESS	oke Road	53	54
5.	F F	6, COLOR OR RACE	WIDOW	MARRIED. ED, DIVORCED Pried	(Specify)	8. DATE OF BIRTH 4-20-06	9. AGE (In last birth	years if Undi nday) Month	et 1 Year If Under 24 Hours Mir
		CUPATION (Give kind of f working life, even if retired)	House	of BUSINESS	OR	11. BIRTHPLACE (Sta	te or foreign country	12	CITIZEN OF WHAT COUNTRY
13	FATHER'S N					14. MOTHER'S MAID			
15	WAS DECEASE	George Stan		16. SOCIAL		Anna Keil	Ley		
Yes	, no or unknown)	(If yes, give war or dates	of service)	SECURITY	NO.	Joseph F.Carr	ri gan		ress same
CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OTHER SIGNIFICANT CONDITION CAUSING IT						istula	Six month.	
EDICAL	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 15 OPERATION WAS RELATED TO 20. AUTOPSY? 21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e.g., in or OR CONTRIBUTING) 22b. PLACE OF INJURY (e.g., in or DEATH (NOTIFY MEDICAL EXAMINER) 21b. CONDITION FOR WHICH OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NOT 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?								
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OF INJU								
	decensed al 23A. SIGNAT O. C. A. BURIAL. ON, REMOVAL (S Buria	rema- pecify) 8-17-	1903, 1903, 1903, 1903, 1903, 1903, 1903,	and that deat	h otcur		mital Bal 246. LOCATION (C Harford C	time 2 dity, town, or	date stated above 23c. DATE SIGNE 8° 13° 53 county) (State
LC	CAL REGIST		stan	Villiagus	CMS	Lilly & Zeile	7 6		olfe Street



53 7278

BALTIMORE CITY HEALTH DEPARTMENT

53 7278

D	PTH	NIC

BIRTH NO.			CERTIFICATI	E OF DEATH	- Registe	red No.
1. NAME OF I (Type or Print)	Car	oline	(Carrie) Wear	ver	2. DATE OF DEATH	8-12-53
3. PLACE OF I A. Baltimore B. FULL NAME HOSPITAL OR	City, Maryland	al or instituti	Balto on, give street address or location)	A. STATE	Md.	
INSTITUTION	721 S. Dui	cham St	reet		re, Md.	e limits, write RURAL and give township
c. ogth of	stay in Baltimore		Yrs. Mos. Days	721 S. D	ss (If rural, give locati urham Street	on)
5. SEX	6.COLOR DR RACE	7. SINGLE WIDOW Div	, MARRIED, ED, DIVORCED (Specify) PCEQ	6-13-89	9. AGE (In year last birthda	ars Under Year
10A. USUAL OC vork done during most	CCUPATION (Give kind of of working life, even if retired)	House	of Business or INDUSTRY	11. BIRTHPLACE (S Baltimor	tate or foreign country) e Md.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	? F1	ank		14. MOTHER'S MAI	Ganzemiller	4
15. WAS DECEAS (Yes, no or onknown	(1f yes, give war or deter	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Frank Aend	zierski 721	L S. Durham Stree
(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEAT s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	f dying, e.g ns the disease aused death. ES FANY, GIVIN STATING TH	(B)	ele All	Amal Obs	truction 3 de
TRIBUTIN TO THE D	SIGNIFICANT CONDI G TD THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	NOT RELATE	o Will have a	Huperto	the ath	tis ?
LYING OF	DENT WAS UNDER- OR CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		ID (If in Baltimore R?	City, give exact location)
21b. TIME NJURY	(Month) (Day) (Year)		HILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Cleg, 10, 19 1, 30 Cleg 17, 19 13 deceased alive on Cleg. 12, 19 13, and that death occurred at 3 f.m., from the causes and on the						
24A. BURIAL.	prac	W.	AC, NAME OF CEMETER	200 - 5.	24D. LOCATION (City,	town, or county) Astate)
DATE RECEIVE	specify) 8-154	3	Mt. Carmel		Baltimore	, Md.
LOCAL REGIS	TRAR	S SIGNATU	VIII MAN M	Lilly & Zeil		S. Wolfe Street

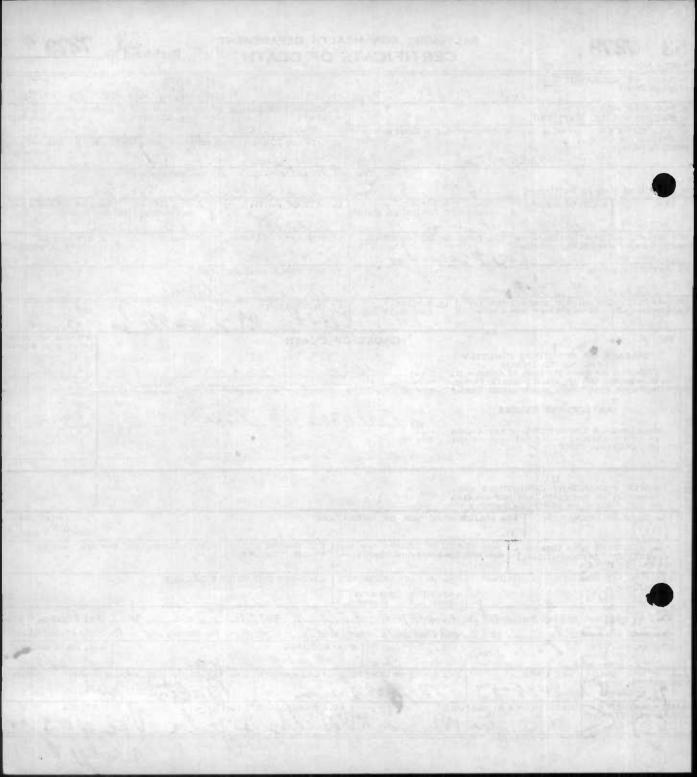
The state of the s ALC: OHIERON STATE OF STA

53 7279

BALTIMORE CITY HEALTH DEPARTMENT

tegistered No. 7279

CERTIFICATI	E OF DEATH Registered No. 1219
1. NAME OF DECEASED	2. DATE
(Type or Print) Louise Islash Ges	OF A
3. PLACE OF DEATH:	DEATH HUGUST 12, 1953
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
s. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	MARYLAND
NSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Mercy Hospital	BALTIMORE
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
th of stay in Baltimore 65	1014 5. Decker Are (29)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) II Under I Year II Under 24 Hours
Femalo White Married (Specify)	3/23/88 last birthday) Months Days Hours Min.
OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork done during most of working life, even if retired)	WHAT COUNTRY!
HOUSE WITE TOWARD	0.5.
IS. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
KILLIAM ISRAEL	Annette Haines
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (se, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT
(11 Yes, give war or dates of service) SECURITY NO.	att 9 Handles a me
18. FOLLA	OF DEATH INTERVAL BETWEEN
281.0	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ti. 22
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	and come 40 fire.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
(B) CAR	hosis of liver Indefinite
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTØPSY?
	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in	or 21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., e	INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
WHILE AT NOT WHILE	
m. WORK AT WORK	
	red at 12 95 P.m., from the causes and on the date stated above.
deceased alive on \$1.2, 1953, and that death occur	red at 12 45 P.m., from the causes and on the date stated above.
23A. SIGNATURE	
Harry S. Weeks M.D.	MERCY HOSPITAL 8/12/53
24A. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 8-15-5] O.A.	aun Balto ha
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
OCAL REGISTRAR	221 21 Me 4 20 10 Alling 1/03 L
The state of the s	and then of the 402 %.
VS 150	0 21.01.0
	wage
	No.



	53 7280 CE	MORE CITY HEALTH DEPAR		7280
1.	NAME OF DECEASED MEYER	SOLOHOW	2. DATE OF DEATH	4/53
А.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution,	d. USUAL RESIA. STATE	DENCE (Where deceased lived, If inst B. COUNTY	before admission
	SINAL HOSPITAL OF	1010101	IMORE 3-	rite RURAL and give township
- management	Length of stay in Baltimore	/Yrs. D. STREET ADD	E. BALTIMORE	
	MW	DIVORCED (Specify) 8/4/77	last birthday) Month	s Days Hours Min.
work	A. USUAL OCCUPATION (Give kind of tobe kind of tobe during most of welking life, even fretired) **Course Course C	talinary Rux	IANIA	WHAT COUNTRY
13	OUR DOWN	6 la	MAIDEN NAME	
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknowo) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17. INFORMANT	folowou - ADDR	love
2	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	CAUSE OF DEATA (A) CELEBRO-UNSC	ULAR ACCIDENT	HS hrs
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TD (C)		
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			ķ
AL C	WAS PERFORM		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY?
EDIC	21a. ACCIDENT WAS UNDERLYING 21b. PL OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	_ACE OF INJURY (e. g., in or 21c. WF e, farm, factory, street, office bldg., etc.) INJURY	IERE DID (If in Baltimore City, giv OCCUR?	e exact location)
M	OF INJURY WH	. INJURY OCCURRED 21F. HO HILE AT NOT WHILE WORK AT WORK	W DID INJURY OCCUR?	
	22. I hereby certify that I attended the dec deceased alive on 8114, 1953, and 23A. SIGNATURE	- 2	m., from the causes and on the	hat I last saw th date stated above
1	Stanley B. Horls	M. D. Senai	Thouthe A bulh.	8/14/53

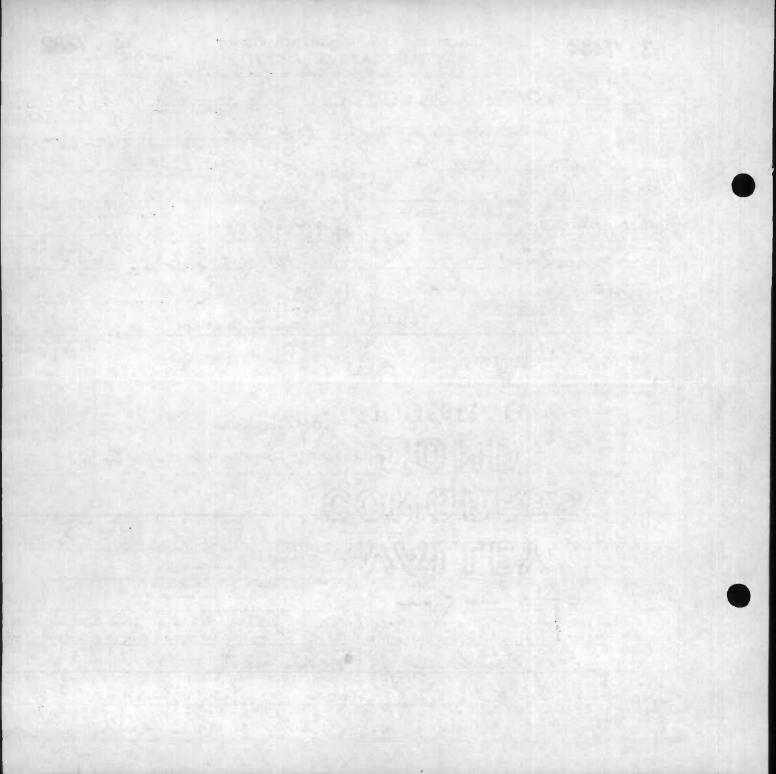
(State) town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR VS 150

Number MULLSALE

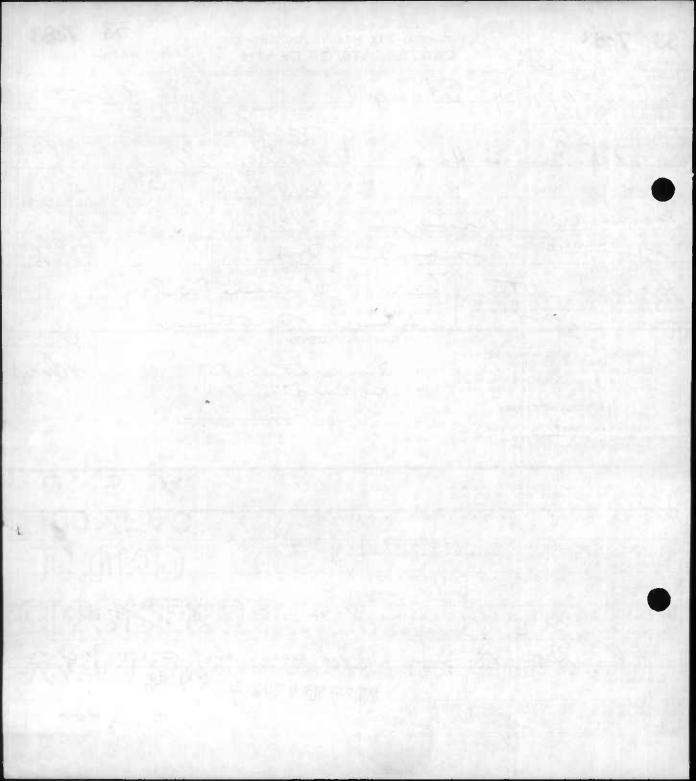
	6		EALTH DEPARTMENT	Doriet and N	7281		
The	BI	RTH NO. CERTIFICATI	E OF DEATH	Registered No.			
	1. (T	NAME OF DECEASED Wrs. Susie F. Horner	2. DATE OF DEATH August 12, 1953				
R BINDING em of information should be carefully supplied. causes of death clearly and legibly.	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (V	Where deceased lived, If inst B. COUNTY			
	HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Long Green Nursing Home location)		d f outside corporate limits, w	rite MIPAL and give		
	IN	115 E. Melrose Avenue	Baltimore 13-0 6 township)				
	7	Yrs.	D. STREET ADDRESS (If				
	C.	Length of stay in Baltimore 10 years Mos. Days	847 W. 34th Street				
be		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH		er i Year Il Under 24 Hours		
uld y ar		Female White Widow Widow	June 11, 1880	73	s Days Hours Min.		
n sho	10 work	A. USUAL OCCUPATION (Give kind of Adone during most of working life, even if retired) At Home	11. BIRTHPLACE (State or fo	oreign country) 12	CITIZEN OF WHAT SOUNTRY?		
atio	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
VG rm dea		Charles F. Hoover	Mary Good				
DIP	15 (Yes	S. WAS DECEASED EVER IN U, S. ARMED FORCES? a, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDI	RESS		
BINDING of inform uses of dea		No Seconti No.	L. Franklin Price, Timonium, Maryland				
R B		18. /5/X CAUSE	OF DEATH		INTERVAL BETWEEN		
FOR y item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7 0	+	6 m 0		
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	mona of s	107/404	61147		
RESERVED INK. Ever please write		injury or complication which caused death.) OUE TO	U				
ER.		ANTECEDENT CAUSES					
ES	O	DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************	***************************************			
G D	CATION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.					
NIC		(C)			J		
MARGIN NFADING hysicians:	RTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
MARGIN RESE. UNFADING INK. Physicians: please	Ш	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
H	AL C	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE C	TION WAS RELATED TO DF OEATH, ENTER IN OR PART II	20. AUTOPSY?		
WRITE PLAINLY, WITH	EDICA	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (about bome, farm, factory, etreet, office) DEATH (NOTIFY MEDICAL EXAMINER)	e. g., in or 21C. WHERE DID bldg.,etc.) INJURY OCCUR?	(If in Baltimore City, giv	e exact location)		
LY	Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID IN.	JURY OCCUR?			
AIN		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	LE		,		
PI		22. I hereby certify that I attended the deceased from	1-23 , 1951, to	8-12, 1953, t	hat I last saw the		
TE		deceased alive on 8-12, 1953 and that death occur		the causes and on the	date stated above.		
RI		No Da Dollano	846 W. 36B.	C+. 2	3c. DATE SIGNED		
	24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	9	OCATION (City, town, or	8-73-53 county) (State)		
PLEASE correct ag	TIC	ON, REMOVAL (Specify)					
PLEAS	D	Burial Aug. 15, 1953 Jessops ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	timore Co., Mai	DDRESS		
PI	1	OCAL REGISTRAR	Burgee Funeral H	lome 3631 Fall	ls Road		
	1	ALICE A 1433 Hour hand hove I VILLELINGE IN	DOTTE CAN T OFFICE OFFICE		LO MOCIA		

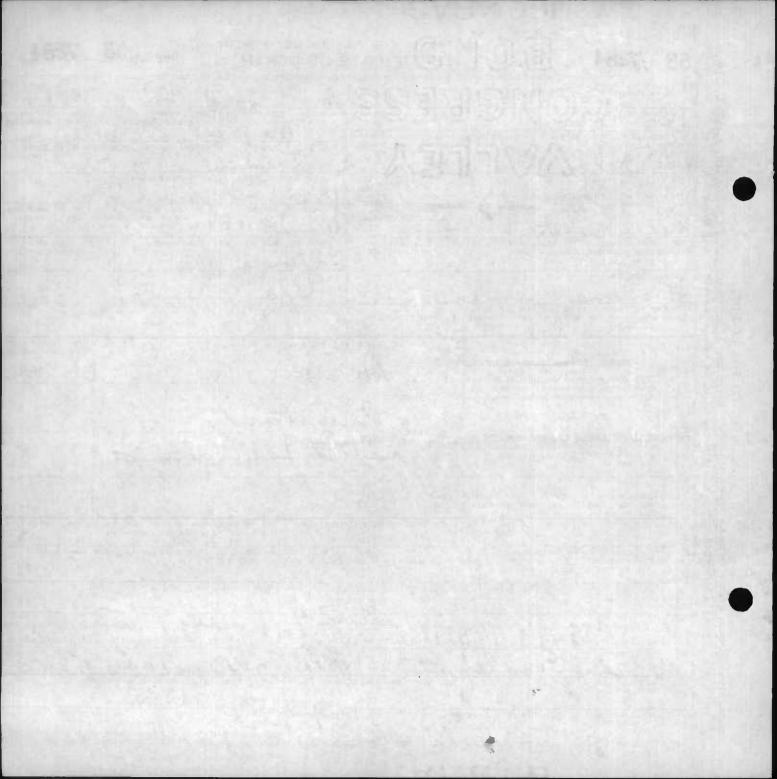
Horace F. Burger VS 150

VS 150



53 7283 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. ADDRESS (If rural, give location) Mos. th of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVOR ED (Specify) If Under 1 Year If Under 24 Hours AGE (In years last birthday) Months; Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, ewen if retired) INDUSTRY WHAT COUNTRY 2000 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES Yes, oo or uokoown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 18. 17 17 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUT OPSY YES ! (If in Baltimore City, give exact cation) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF_INJURY NOT WHILE! WHILF AT WORK 22. I hereby certify that I attended the deceased from. 1953. to_ . 195 that I last saw the 3 and that death occurred at 3:15 Am., from the causes and on the date stated above. deceased alive on_ 6 193 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24C, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B. DATE DATE RECEIVED BY UNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS OCAL REGISTRAR





FUNERAL DIRECTOR

INK. WRITE PLAIN ge is especially PLEASE

RECEIVED BY

LOCAL REGISTRAR

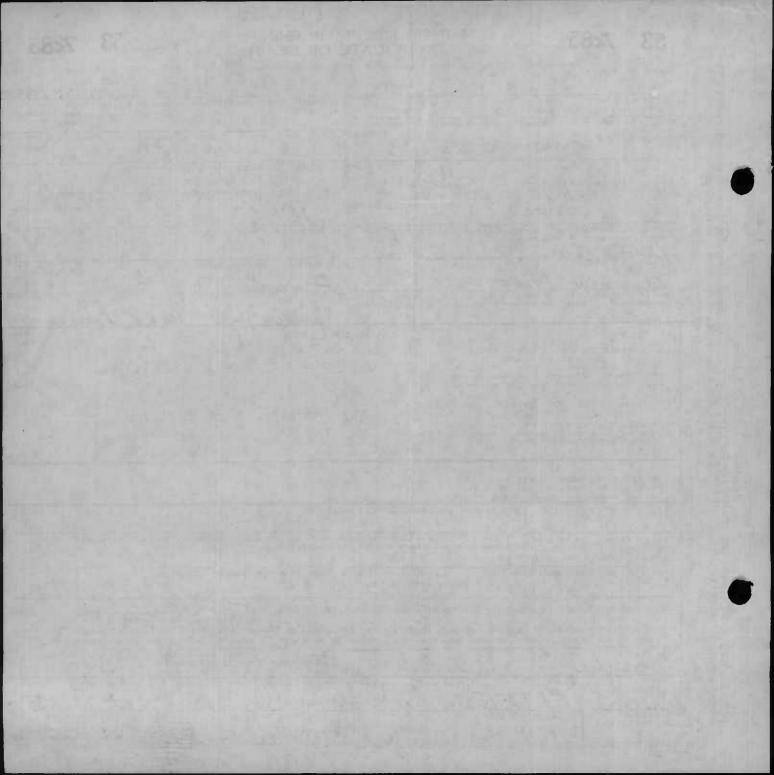
SIGNATURE

BINDING

FOR

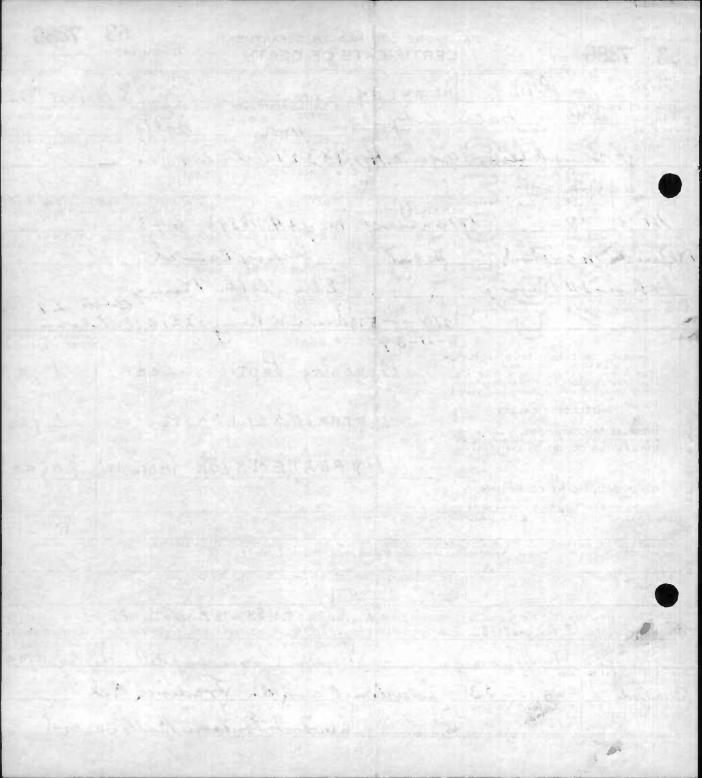
RESERVED

MARGIN



X	マーイン	0					
0	~~~				EALTH DEPARTMEN		53 7286
ВІ	53 NO. 7286			CERTIFICAT	E OF DEATH	Register	ed No
1. (T	NAME OF DECEA ype or Print)	Ri Ri	N 9.	NESLEY	. W.	2. DATE OF DEATH	3 August 1953
	PLACE OF DEATH Baltimore City,	Maryland	Ballo	cita	A. STATE	(Where deceased live	d. If institution: residence before admission)
H	FULL NAME OF	(If not in hosp	ital or instituti	on, give stree address of location	c. CITY OR TOWN	Ballo (If outside corporate	limits, write RURAL and give
110	ISTITUTION	unkl	in So	grane Hos	15221 asb	This ar	township)
C.	gth of stay in	n Baltimore		Yrs. Mos. Days		If rural, give location	5300
5.		LOR OR RACI		. MARRIED, ED, DIVORCED (Specific	8. DATE OF BIRTH	9. AGE (In year last birthday)	s If Under 1 Year 1 Under 24 Hours Months: Days Hours Min.
10	A. USUAL OCCUPA	CU TION (ST. 1)	1	ramed	May 24-1889	98 643	
WOT!	done during most of working	ng life, aveo if retire	of 10B. KIND	OF BUSINESS OR	11. BUTHPLACE (State of	P Country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	escup	*7	meal	14. MOTHER'S MADEN	NAME	
	John.	WRE	2		Elizabeth	- / Kung	
(12	WAS DECEASED EVE	R IN U.S. ARM Yes, give war or da	ED RCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		Sentes 27
	18 / / / 0			2/9 = - 873	OF DEATH	-4327 ar	INTERVAL BETWEEN
	18. 5 40.0 DISEASE OF	CONDITION	DIRECTLY	5-11-3-90SE	OF DEATH	//	ONSET AND DEATH
	/ (This does not r	DING TO DE	of dying, e. g	. (A) B1 =	EDING FEDTI	e Olex	R /YR
	heart failure, ast injury or comp						
z	ANTE	CEDENT CA	JSES	AP	TERIOSCLE	Ansis	16.000
IOI	DISEASES OR			G	. 4 beliges 4 M		1
ERTIFICATIO	UNDERLYING					. (.	
TIFI		11		_(c) H Y	PEATENS	ON IABI	PIAL 20 X AS.
	OTHER SIGNII	HE DEATH, BU	T NOT RELATE	a			
U	19A. DATE OF OPI			FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT, S	LUCIDE	1 21m PLA	CE OF INJURY (e.g.,	io or 21c. WHERE DID	(If in Baltimore C	ity, give exact location)
EDI		ecify)		arm, factory, street, office bldg.		(II III Danimore O	try, give exact location;
Σ	21D. TIME (Month	(Day) (Yea	r) (Hour) 2	1E. INJURY OCCURE	RED 21F. HOW DID INJU	RY OCCUR?	
5	• MSOKT		m.	WORK NOT WHILE			
	22. I hereby cer	tify that I a	ttended the	deceased from 11	Augus T, 1953 to 1	3 August, 1	953, that I last saw the
	23A. SIGNATURE	D h	19 43 , d		rred att. 13 m., from	the causes and c	on the date stated above.
	Tellin	J. 11	Morry	м. р.	traphi forme	Hapital	13 August 1981
TIC	A. BURIAL, CREMA ON, REMOVAL (Specify	GWA I	- 53	4c. NAME OF CEMETE	RY OR CREMATORY 24D.	Zall'	own, or county) (State)
D	ATE RECEIVED BY	RECUSTRA	R'S SIGNATU	RE	25. FUNERAL DIRECTOR	redency	ADDRESS
	CAL REGISTRAR	Munto	ylor !	the state of the	Edward Foul	Jan Bul	630 md
	VS 150		01	7	906A		

0 0 6/1



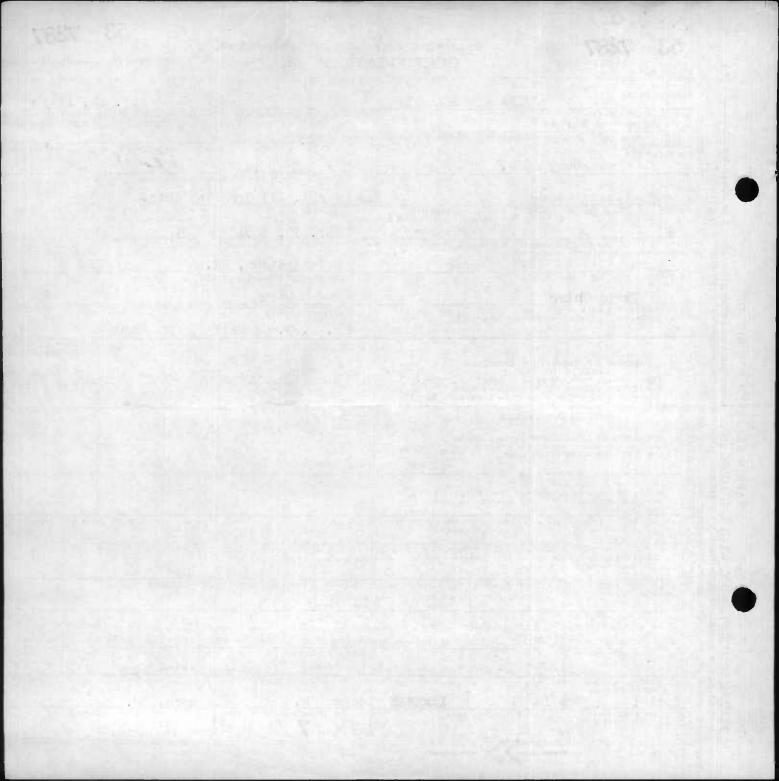
The

53 7287

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	1

BIR	TH NO.			CERTIFICATI	E OF DEA	TH	Registered 1	Vo	
1. 1	NAME OF D	ECEASED				2	DATE		
(Ту	(Type or Print) JULIA REBECCA WISE					OF Aug. 12, 1953			
A. I		City, Maryland			A. STATE	IDENCE (Where	e deceased lived, If B. COUNTY	institution: residence before admission)	
HOS	ULL NAME SPITAL OR TITUTION	OF (If not in hospit	al or instituti	ion, give street address or location)	c. CITY OR TO	WN (If outs	side corporate limit	write RURAL and give township)	
		Greenway Apt	5.		Baltin		16	O LOWISHIP)	
0			DEFAL	Yrs. Mos.	D. STREET ADI	DRESS (lfrura	d, give location)		
		tay in Baltimore		Days		3 Greenwa		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5. 5	EX TO	6. COLOR OR RACE	WIDOW	E. MARRIED, PED, DIVORCED (Specify) ivorced	8. DATE OF BIRTH 9. AGE (In years last birthday) Apr. 30, 1861. 92 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
		CUPATION (Glyekindof		OF BUSINESS OR	11. BIRTHPLAC	E (State or foreig	gn country)	12. CITIZEN OF	
work	None	f working life, even if retired)	Hor	INDUSTRY	Reisterstown, Md. USA				
13.	FATHER'S N	IAME	101			MAIDEN NAME			
	Dav	id Uhler			Unkno	WIT			
15.	WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMAN		A	DDRESS	
,	lo	fri yes, give war or date	i of service)	None	Mr. W. G.	Conwell	Abov	re	
	18. 331	X			OF DEATH			INTERVAL BETWEEN	
		E OR CONDITION			1 2		, ,	ONSET AND DEATH	
		LEADING TO DEAT	TH	. Cero	bral Vas	oruleer a	reident	3 days	
	heart failu	re, asthenia, etc. It mea complication which c	ns the diseas	e,		Was with resident			
		ANTECEDENT CAUS						?	
z		ANTECEDENT CAUS	ES	(B) arle	no seler	cses		i yrs	
<u>ō</u>		OR CONDITIONS, IN		IG				7	
A	UNDERLY	ING CONDITION LA	ST,	(C)					
ERTIFICATION									
E		II NIFICANT CONDITIONS							
8-		DEATH BUT NOT I		THE					
	19A. DATE O		9B. CONDI VAS PERFO	TION FOR WHICH OF RMED	PERATION		N WAS RELATED TO DEATH, ENTER		
		NT WAS UNDERLY	NG 21B	. PLACE OF INJURY (bome, farm, factory, street, office	e. g., in or 21C. W	HERE DID (If i		give exact location)	
		IFY MEDICAL EXAMINE		Jome, larm, lactory, street, omce	bidg.,etc.)	OCCURT			
Σ -	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HC	OW DID INJUR	Y OCCUR?		
	OF INJURY	•	m.	WHILE AT NOT WHILE WORK AT WOR				b.	
	00 71 1				1	0 40 8/	12/53 10	_, that I last saw the	
	dansanad a	y certify that I att	enaea the	aeceasca from	exad at le P	m from the	causes and on t	he date stated above	
-	deceased alive on 8/12/53, 19 and that death occurred at 6 P. m., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED								
	-57	Tancis W.	Hugh	м. р.	100 W 6	lneverse	Ly Skevy	1 8/13/53	
24	A. BURTAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATO	RY 24D. LOC	ATYON (City, toyn	, or county) (State)	
	Burial	8/14/5	3	INNAMAN Lou	idon Pk.	Balti	more, Md.		
DA	TE RECEIVE	D BY REGISTRAR			25. FUNERAL			ADDRESS	
1	CAL REGIST	aco H++	tag	NIL BULL MS	Them I The	knew- So	no Inc Bu	ello mh	
-	U VS 150	333	7		-				



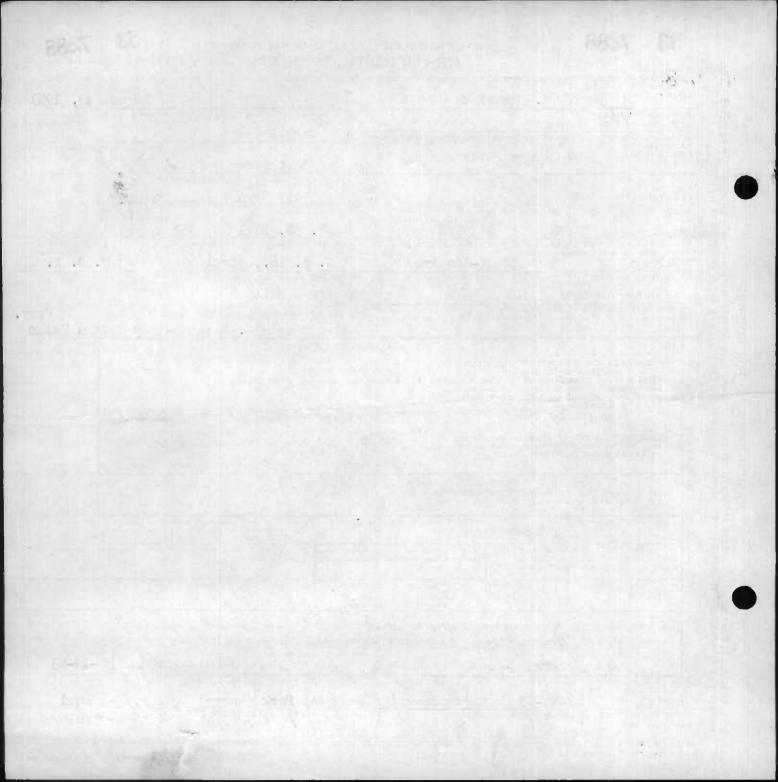
The

H-	252	-
53	7288	

BALTIMORE CITY HEALTH DEPARTMENT

5	3	7288
egistered	No.	·~00

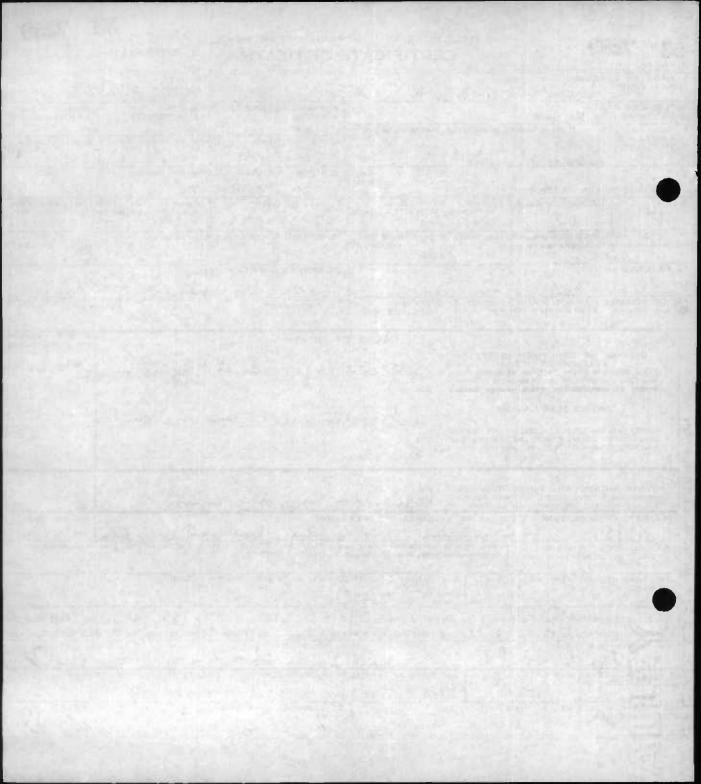
I ne	BII	RTH NO.			CERTIFICATI	E OF DEA	1 [areg-service.			
	1.	NAME OF D	ECEASED					2. DATE			
ė l	(Type or Print) HARRY H. HAWKINS					DEATH August 13, 1953					
of information should be carefully supplied uses of death clearly and legibly.	S. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission				residence	
ns		FULL NAME	OF (If not in hospita	al or instituti	on, give street address or location)	Marylar					
		STITUTION	3909 Gwynns	Falls		township)					
ly.	Yrs. Mos.						nore	/ -	- /		
dia							D. STREET ADDRESS (If rural, give location)				
le	c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8					3909 Gwynns Falls Parkway B. DATE OF BIRTH 9. AGE (In years Il Under I Year Il Under 24 Hours last birthday) Months Days Hours Min.					
and	5. SEX 6. COLOR OR RACE 7.		WIDOW	ED, DIVORCED (Specify)	Feb. 28.	1000	last birthday)	Months Days	Hours Min.		
3	10	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
		Farmer	f working life, even if retired)	Self- H	Retired INDUSTRY	A. A. Co.	. Marv	land	U. S.	COUNTRY?	
	13.	FATHER'S	IAME			14. MOTHER'S N	MAIDEN NA	ME			
		Joshua	Hawkins			Anne Smi	ith				
	15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	-		ADDRESS	Pkwy.	
3		NO or unknown)	(If yes, give war or date:	s of service)	None No.			wkins-3909	Gwynns I		
En .		18. 1/ 5	1			OF DEATH	0	7,10	INTERV	AL BETWEEN	
causes		Hohe	E OR CONDITION	DIRECTLY	0,1001	O. DEATH.			ONSET	AND DEATH	
write the cau			LEADING TO DEAT	TH	in Pereko	al emb	no Para				
e l	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								***************************************	***************************************	
write	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ANTECEDENT CAUSES										
please									TO U.S.		
I I I	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO MEMBER OF CONDITION AST									***********************	
	UNDERLYING CONDITION LAST,								31 1		
r nysicians.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
	ш	TO THE	DEATH BUT NOT I	RELATED TO	THE						
١	O		F OPERATION 1	9B. CONDI	TION FOR WHICH OF	PERATION		ION WAS RELATED		JTOPSY?	
	A			VAS PERFO		PART I			T I OR PART II YES NO		
	EDIC	OR CONTRIE	ENT WAS UNDERLYIBUTING CAUSE OF	about	PLACE OF INJURY (bome, farm, factory, street, office	e. g., ia or 21C. WH bldg.,etc.) INJURY	OCCUR?	If in Baltimore Cit	y, give exact	location)	
vin Pot carry	Σ		Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCURR	2 1F. HO	W DID INJ	URY OCCUR?		TE.	
		OF INJURY	a a	m.	WHILE AT NOT WHI	LE		- 20	2		
	1			7 7 . 7	-	2	13	By 12, 19	53 17 11 7 7	ant ones the	
especially		22. I hereb	y certify that I att	ended the	deceased from Im	mad at 3 P	v faron 11	o bauese and on	the date of	ated above	
		23A. SIGNA		3, 19.12,	ana that death occur	erred at 3 2. m., from the causes and on the date stated above.				TE SIGNED	
2		25%. 01011/	Ni G. Nee	ile	M. D.	4 × 15:- PE		Los Hon	8-13-		
280	24	A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATOR	RY 240. L	CATION (City, tow	n, or county)	(State)	
- 11	1000	on, removal (S Burial	8-11-53		Meadowridge Me	emorial Parl	k Howa	rd County.	Maryland	d	
correct	DA	ATE RECEIVE				125, FUNERAL D	URECTOR	F. dock	ADDRESS	a l	
00	LC	DCAL REGIST	RAR	11/	9 10 160 - 1	W 122, 9, 1	rickne	er a pons) and a	aves	
	=	VS 150						hold	100-17	net	
		10100						- Ballina	W / /,	1000	



53 7289

Registered No.

	NAME OF DEC		Burb	dn K - LEI	LA G.	-	OF DEATH	13	53
	PLACE OF DEA Baltimore Ci	ATH:			4. USUAL RESIDEN	NCE (Whe	re deceased lived		stitution : residence before admission
8.	FULL NAME O		tal or instituti	on, give street address or	MD				
	SPITAL OR		121	location)	c. CITY OR TOWN		side corporate li	mits, v	write RURAL and give
1	1.0	Sinai H	opula	Yrs.	DALTIMON O. STREET ADDRESS		al girl location		00
	ath of sta	y in Baltimore		Mos.	1906 WAR			,	
5.		COLOR OR RACE		Days Days	8. DATE OF BIRTH		. AGE (In years last birthday)	lf Un	der I Year If Under 24 Hours
	F	W		ED, DIVORCED (Specify)	Oct. 17. 187.		last birthday)	Mont	hs Days Hours Min.
10	A. USUAL OCC	UPATION (Give kind of	I 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (St			12	2. CITIZEN OF
WOLI	Hor	vorking life, even if retired)		HONE INDUSTRY	No				WHAT COUNTRY
13	FATHER'S NA		177		14. MOTHER'S MAIL	DEN NAM	E		
	WILLIAM	HINKLE NO	RRIS		LYDIA GRA	14 Non	ps (2)	NOR	es.
15 (Ye	. WAS DECEASED	EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1			DRESS
Ĺ				SECONTI NO.					
	18. 443	x and 1	53X	CAUSE	OF DEATH				INTERVAL BETWEEN
		OR CONDITION		G +	1	. 00	~ 4		
	(This does r	ot mean the mode of asthenia, etc. It mea	of dying, e. g	(A) WCLL	Myrcad		monte	<u>~</u>	3 min
	injury or e	omplication which	caused death	OUE TO	4		4		
	A	NTECEDENT CAUS	SES	4.1	+				
NO	DISEASES OR CONDITIONS, IF ANY, GIVING (B) Hypertenne Cadio unc. during						4		
F	RISE TO THE	ABOVE CAUSE (A)	STATING TH	E DUE TO					
CA				(C)			**********************		
LIF		11	1510 H C				To the last		
ERTI		NIFICANT CONDI				. , (0		
Ü	TO THE OIS	EASE OR CONDITION	CAUSING I	Column	~ or ceran	7 4	cm.		
A.	19A. DATE OF	?	0	FINDINGS OF OPER	ATION LA		+1.0.1	c	YES NO
DICA	21A. ACCIDE	NT WAS UNDER-		CE OF INJURY (e. g., i			n Ballimore Cit	y, kiv	e exact location)
ш		CONTRIBUTING	about home, f	arm, factory, street, office bldg.,	iko.) INJURY OCCUR	27			
Σ	210. TIME (M	onth) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY O	CCUR?		
	OF INJURY		m. V	WHILE AT WORK AT WORK					
	22. I herehu	certify that I att		- 1	5 5 3 , 19 ,	108/1	1 1 < 3)	that I last saw th
59	deceased alin			and that death occur			1		date stated above
	234 SIGNATU		0 4		38. ADDRESS	15.	1		23c. DATE SIGNED
N	072	n Ulmph	11	м. о.	3 of 000	2 port	1		8/13/53
710	AA. BURIAL, CR	EMA- 24B. DATE	11	24c. NAME OF CEMETE			ATION (City, to		county) (State)
	BURIAL	8/15/5-	3	DRUID RIDGE			VILLE ML		
	ATE RECEIVED DCAL REGISTRA		'S SIGNATU	RE	25. FUNERAL DIRE		,		DDRESS
2	10 110-	The said	- A	and and in a	With J. Jucky	rec 9 6	Tons. Inc	12	ello med
10.3	VS 150		6.0	1,000					

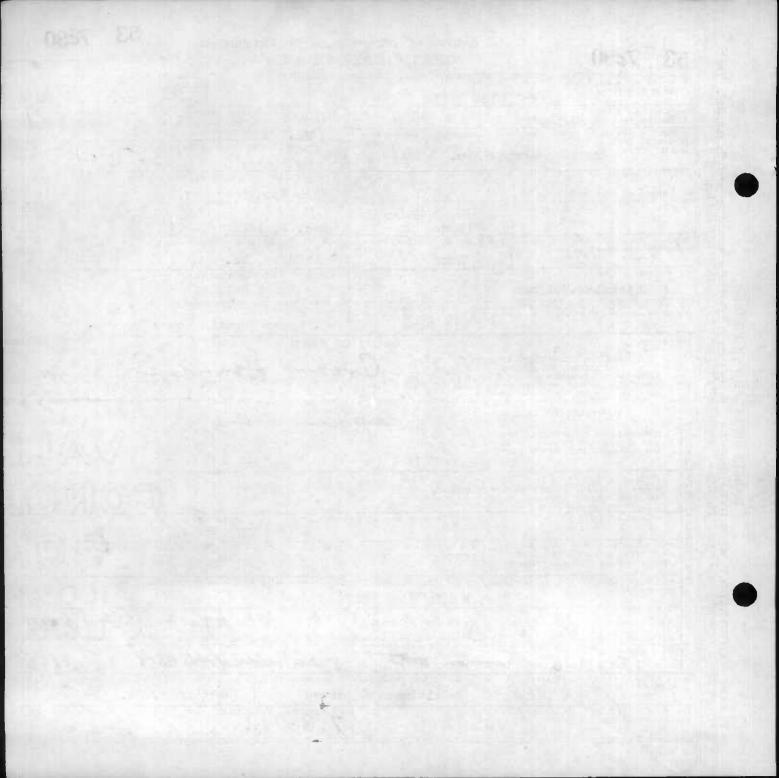


	4	3	5-31	00
	d. The	5 1:1	NAME OF D	30 ECEASE
*	ılly supplied	А. В. Н(PLACE OF D Baltimore (FULL NAME OSPITAL OR ISTITUTION	EATH: City, M: OF (I
	nation should be carefu ath clearly and legibly	c. 5.	Length of s	tay in 1
	tion shou h clearly		-	CUPATI
INDING	item of information shou he causes of death clearly		Nioh . WAS DECEASI , no or unknown) No	D EVER
VED FOR B	Every item ovrite the caus		DISEAS (This does heart failu Injury or	LEADII not mea re, asther complica
MARGIN RESERVED FOR	DING INK.	CERTIFICATION	DISEASES RISE TO T UNDERLY	HE ABOV
MAR	UNFAD		OTHER SIG TO THE DISEASE O	DEATH R CONDI
	WITH ortant.	DICAL	21A. ACCIDE OR CONTRIE	ENT WA

5	3	7290

	5	3 7290 CERTIFICATE OF DEATH Registered No.							No.	
	1. (Ty	NAME OF DECEASED pe or Print)	MARY LO	OUISE T	ROTT			2. DATE OF DEATH AUG	. 12,	, 1953
	Α.	PLACE OF DEATH: Baltimore City, Ma				A. STATE	DENCE (Wh	ere deceased lived. B. COUNTY	If institut	
	HO	SPITAL OR	Voodbro		tion, give street address or location)	c. CITY OR TOV	ore	atside corporate lim	o L	RURAL and give township)
0	0		14.1		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
		5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH 9. AGE (In years if Under I Year last birthday) Months Days Hours 74			ear II Under 24 Hours Bays Hours Min.		
	104 work	A. USUAL OCCUPATIO done during most of working life Home	USUAL OCCUPATION (Givekindof loop. KIND OF BUSINESS OR INDUSTRY) Home Home		Baltimore	E (State or fore		12. CI	ITIZEN OF THAT COUNTRY?	
	13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAM		-	
		Nicholas.				Agne	s Schult	Z		
	(Yen,	WAS DECEASED EVER IN (If yes, a	N U, S. ARMED give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Mrs. Agnes Hewett Above				S
	RTIFICATION	(This does not mear heart failure, astheni injury or complicat	G TO DEAT in the mode o is, etc. It meal tion which c DENT CAUS NDITIONS, IF CAUSE (A) NDITION LA	H f dying, e. ns the disca auscd deat ES F ANY, GIVI STATING T	g, (A) se, se, h.) DUE TO	nsni fi	Hem	May	3	z zo. 5 duz
	CERTI	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDIT	BUT NOT F	IT.	O THE					
	CAL	19A. DATE OF OPERA	TION	AS PERFO	ITION FOR WHICH OF DRMED	PERATION		ON WAS RELATED DEATH, ENTER PART II	1N	D. AUTOPSY?
	EDI	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (NOTIFY MEDIC	CAUSE OF	about	3. PLACE OF INJURY (home, farm, factory, street, office	e. g., in or 21C. WH bldg., etc.) INJURY			y, give e	xact location)
	Σ	21D. TIME (Month) (OF INJURY	(Day) (Year)	(Hour) m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	E	טנמו פופ w	RY OCCUR?	146	
		deceased alive on	that I att	ended the	deceased from ocu	rred at		1. /2 , 19. s eauses and on		
2		23A. SICNATURE	69	ham	mo mo	8 20 m	edicals	16 BLY	230	3/53
200	24 TIO	N REMOVAL (Specify)	8/15/53		24c. NAME OF CEMETE Baltimore Cer			cation (Chy, tow timore, Md		nty) (State)
7	DA	TE RECEIVED BY	REGISTRAR	S SIGNAT	URE .	25. FUNERAL E	RECTOR		ADD	RESS

VS 150



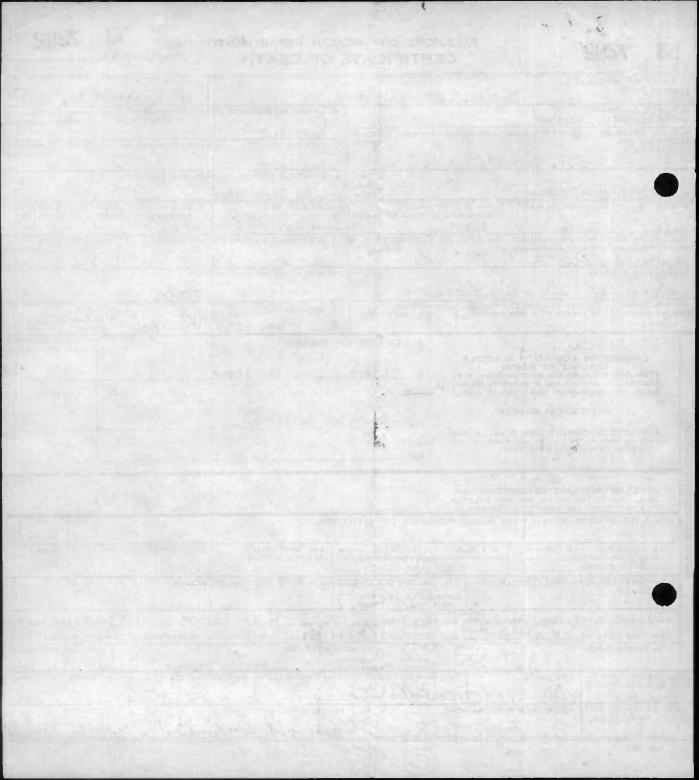
THE ROLL OF STREET CONTRACTOR SECRETARIANTESS. 7(3000)11 101.5

H-322

53 7202

	53	7292					OF DEATH	Registered		252
ВІ	RTH NO.				CLIVIII IC.	711	OI DEATH			
1. (T	NAME OF ype or Prin	DECEAS:		ledges.	LeRoy Leig	htner		2. DATE OF DEATH AU	gust 12	. 1953
	PLACE OF Baltimore					- 1	. USUAL RESIDENCE (Where deceased lived. I	lf institution	residence bre admission)
H	s. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location						Maryland (II	f outside corporate lim		
IN	STITUTION		St. Jose	phis He	spital.		Baltimore	11		township)
4				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				rural, give location)		
c,	gth or		Baltimore			Mos. Days	4602 York Road			
	sex ale	6.COL	OR OR RACE	7. SINGLE WIDOW Marr	ED, DIVORCED (S	necify)	an 14 1888	9. AGE (In years last birthday)	if Under 1 Year Ionthis Days	Hours Min.
10	A. USUAL	OCCUPAT	ION (Give kind of life, even if retired)		OF BUSINESS O	R 01	I. BIRTHPLACE (State or f	oreign country)	12. CITIZ	
	unera		rector	Ret	ired INDUS	STRY	Maryland		2/S	T COUNTRY?
13	. FATHER'S	NAME				1	4. MOTHER'S MAIDEN N		1 4 9	7
_	Sam	nel	f. H	seda	es		Laura E.	bole		
1 5 (Yes	. WAS DECE , no or naknow	ASED EVER	N U.S. ARMED	FORCES	16. SOCIAL SECURITY N	10. 2	Mes Missnie	P. fledoor	ADDRESS 4602	RL.
CERTIFICATION	(This d heart fs injury	ASE OR LEADI Oes not me cillure, asthe or complic ANTEC	CONDITION IN CONDITIONS IF VE CAUSE (A)	H dying, e.g ns the discass aused death ES FANY, GIVIN STATING TH	(A)	rrhos	DEATH sis of the liver es mellitus	r	INTER	VAL BETWEEN
TIFIC	OTUED		П		(C)		•	•••••••••••••••••••••••••••••••••••••••		
ER	TRIBUTI	NG TO TH	CANT CONDITE DEATH, BUT I	NOT RELATE	D					
. 1	19a. DATE				FINDINGS OF	OPERAT	ION		20. YES	AUTOPSY7
MEDICAL	LYING	OR CONT	AS UNDER-	21B. PLA about home, fo	CE OF INJURY (arm, factory, street, office	e.g., in or bldg.,ete.)	21c. WHERE DID (INJURY OCCUR?	If in Baltimore City,	give exact	
4	210. TIME	(Month)	(Day) (Year)		ZIE. INJURY OCC		21F. HOW DID INJUR	Y OCCUR?		
				nı.	WORK AT W	ORK				
	22. I her	eby certi	fy that I att	ended the	deceased from_	Augus	it 11_, 19_53to_Ar	igust 12 , 19 !	33 that I	last saw the
	deceased	alive on	August 1	219_53.	and that death o		d at9:10 a m., from t	he causes and on		
	23A. SIGN	NATURE	& (Bu	inelli	-		ADDRESS	CI	23c. DA	ATE SIGNED
24 TIC	A. BURIAL	CREMA-	24B. DATE	- 100	Most Holy	METERY	OR CREMATORY 24D. L	OCATION (City, town	n, or county)	12, 1953 (State)
P	TE RECEI	VED BY	REGISTRAR'S	753/		1000	ELMEL BEIN, 4	430 Wela	ADDRES	1 node
LC	CAL REGI	STRAR	A	18	A/41 - 5 3	AA T	- E23 E-1 I	8 4		- 71 / 0

VS 150



BINDING

MARGIN RESERVED FOR

	Ιİ	
	il	
	1	
	I	1
. 6 .		
2811	1	2
חוו		
2	1	
Call	1	W
17 71		-
TCar		
70		(
200		_
Cau		
riic		
201		

0000		4
hit.		A TIL
3113		(1
3101		H
T 113		CITACITITE IACIDITA
3		
1001		100
7	H	L
is especially initiotically. I hysiciallis, please write tile causes of death clearly and		4
Idil		
bec	-	
200		
No.		

BALTIMORE CITY CERTIFICATE OF DEATH . NAME OF DECEASED Z. DATE Type or Print) Irene Blavos OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. STATE Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland Baltimore B. FULL NAME OF HOSPITAL OR Baltimere City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk 4940 Eastern Ave. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 18months 2525 Yorkway c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours Min. Married Jan. 12-1887 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Give kind of 105. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? fousewe Greese 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME amond 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 4940 Eastern Avendress (If yes, give war or dates of service) Yes, no or unknown) SECURITY NO. Records: Baltimore City Hospitals INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebro-Vascular Accident (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Hypertensive Cardio-Vascular Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN PART I OR PART II 21A. ACCIDENT WAS UNDERLYING ... 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 5-5-153_, to 8-12-, 1953, that I last saw the , and that death occurred at 6.30MM, from the causes and on the date stated above. deceased alive on 8-12-23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave. Baltimore.Md. PLEASE W 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) ixial 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS

VS 150

EN PROPERTY. A THE STATE OF THE STATE OF the last tent and the statement . Dvi mo task take THE RESERVE OF THE PARTY OF THE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF DEATH SUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTA before admission) (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate write RURAL and give OHNS HOPKINS HOSPITAL INSTITUTION Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 9. AGE (in years | It Under 1 foor | It Under 24 flours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) WIDONED 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? WATCH MAN MARY LAND BAKER Y 13. FATHER'S NAME JOHN COOPER GRUNER ELIZABETH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO JOHNS HOPKINS HOSPILL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTII 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION CHIEF OF ASSISTMENTAL HAP RELETED TO 19A. DATE OF OPERATION WAS PERFORMED CAUSE OF DEATH. ENTER IN PART I OR PART II 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF INJURY (e. g., in or OR CONTRIBUTING | CAUSE OF | about home, farm, factory, street, office bldg., etc.) | INJURY OCCUR? 11 DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 195310 Gug (2, 15 3 that I last saw the 22. I hereby certify that I attended the deceased from acces (2, deceased alive on here \$1953 and that death occurred at! m. from the eauses and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED KINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE MD BACTIMORE PORLY I MORE 106 15,1953 ADDRESS

information s Jo item Every ite UNFADING important. MLY. especially

DATE RECEIVED BY

LOCAL REGISTRAR

e carefully legibly.

should be

FOR

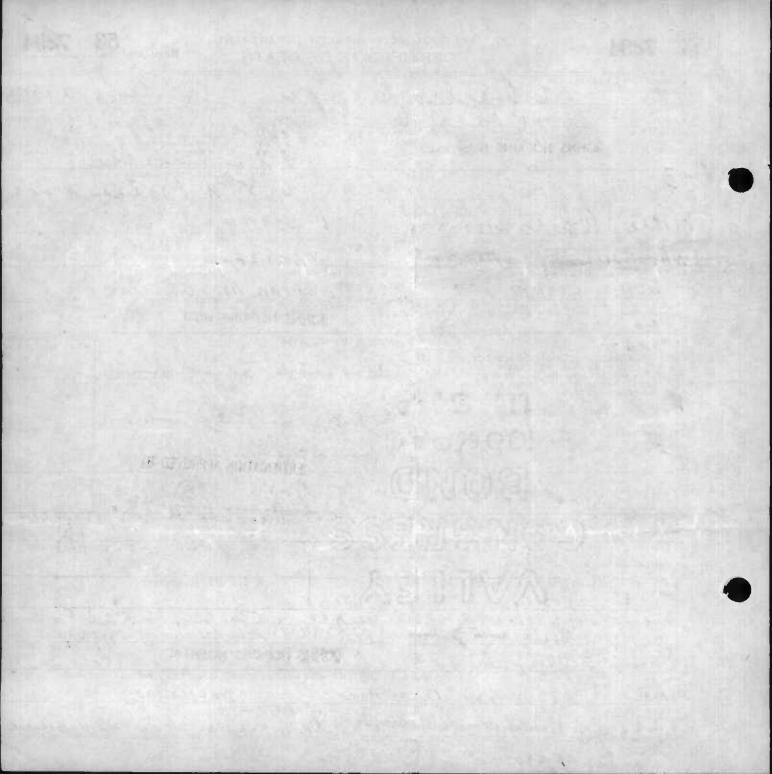
RESERVED

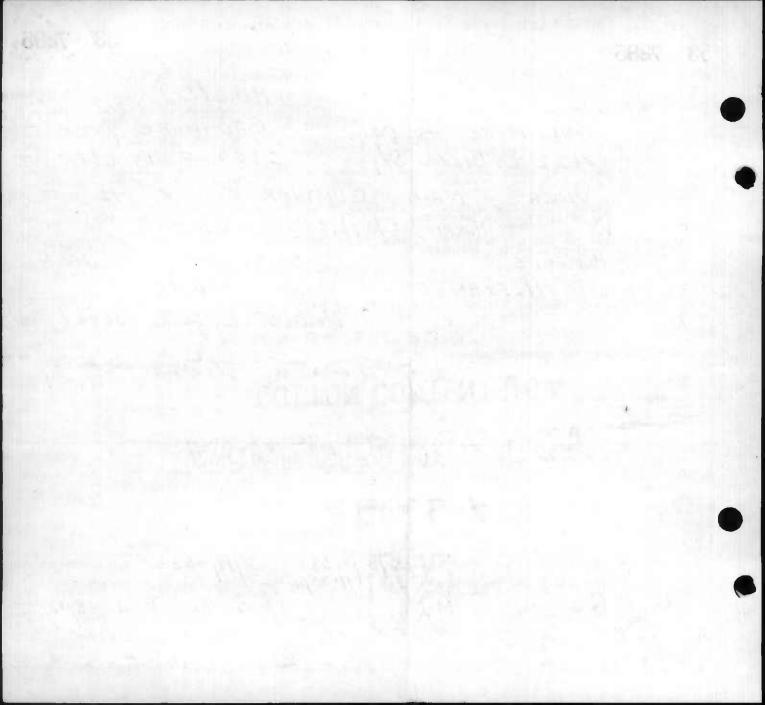
REGISTRAR'S SIGNATURE

25. EUNERAL DIRECTOR

FUNEROU HOME

4210 BELAIR





53-	7296	0
BIRTH	NO	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7296

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	2. DATE OF 0. 11 5 3			
3. PLACE OF DEATH:	DEATH 8-/3-53 4. USUAL RESIDENCE (Where deceased lived, If institution; residence			
A. Baltimore City, Maryland 1000 Caton Alende B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before dmission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write INURA), and give			
Jenkins Memorial Hospital	Bulkimore Lo Grownship)			
Yrs.	D. STREET ADDRESS (If rural, give location)			
c. eight of stay in Baltimore 84 Mes. Days	800 Engine Court- Brooklyn Md.			
5. SEX 6. COLOR OR RACE 7, SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF FIRTH 9. AGE (In years III Under I Year It Under 24 Hours last birthday) Months; Days Hours; Min.			
/X	6-20-1869 84 yro.			
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR ork dozeduring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13, FATHER'S NAME	Toultimore Ma. U.S.a.			
E. T. T.	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mary E. Schneider			
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
10 11127	DE DEATHER AND MENTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	OF DEATH W ONSET AND DEATH			
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	intensive cardio vascular of			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Te failure & auncilar filmbation			
	yacar a surreccess growing			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
UNDERLYING CONDITION LAST.				
(C)				
OTHER SIGNIFICANT CONDITIONS CON-	1-11-1			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	gills disease			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER				
21a. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)			
HOMICIDE (Specify) about home, farm, factory, street, office bldg., et				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?			
MHILE AT NOT WHILE				
22. I hereby certify that I attended the deceased from	uly / , 19 53 to any /3 , 1953 that I last saw the			
deceased alive on ang 13 1953 and that death occur	redut 6:00 Pm., from the lauses and on the date stated above.			
	38. ADDRESS // 23c. DATE SIGNED			
James E (Come fr. M.D.)	St agnes frosp. 8/13/53			
24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETER	C MI. DI DIL DI			
DATE RECEIVED BY I REGISTRATES SIGNATURE				
DATE RECEIVED BY RECEISTRAN'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS			
Allo 14 9337 untergion + Villalius My	John C. Philliams. 2431 C. Oliver 40.13			

AND THE PROPERTY OF THE PROPERTY OF

BII	7297 RTH NO.			MORE CITY HE			Registered	No	1401
	NAME OF DE	BERRY, Ann	ie Wray						, 1953
Α.		ity, Maryland	1 4444		A. STATE		(Where deceased lived. B. COUNTY	If institu	tion: residence before admission)
HC	FULL NAME OSPITAL OR STITUTION	US PHS Hos	pital	give street address or location)	c. CITY	OR TOWN	If outside corporate lin	its, write	RURAL and give township)
5	1	Baltimore	11, Mary1	and Yrs. 2 Mos.		eenstown TADDRESS (If rural, give location)	1700	
5.	SEX	ay in Baltimore 6.COLOR OR RACE		DIVORCED (Specify)		OF BIRTH	9. AGE (In years last birthday)	if Under 1 Months L	fear If Under 24 Hours Days Hours Min.
Female White Married 10A. USUAL OCCUPATION (Givekieder 10B. KIND OF BUSINESS OR INDUSTRY 10B. WIND OF BUSIN				HPLACE (State or Land	foreign country)	W	ITIZEN OF HAT COUNTRY?		
Housewife Home 13. FATHER'S NAME George Tipping				14. MOTHER'S MAIDEN NAME Priscilla Wray			ISE		
15 (Yes		D EVER IN U. S. ARMED	FORCES? 10 of service)	security no.	17. INFO	RMANT	S Hospital, E	ADDRES	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)				of DEAT			OI	approxi. 15 months
	injury or	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS	aused death.)	DUE TO ME LAS	tasis.		保护		
CATION	RISE TO TE	OR CONDITIONS, III	STATING THE	(B) DUE TO (C)				•••••••••••••••••••••••••••••••••••••••	
CERTIFI	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT I	RELATED TO T	NG HE	-				
AL	19A. DATE O		VAS PERFORM			CAUSE	RATION WAS RELATED OF DEATH, ENTER I OR PART II	IN	O. AUTOPSY?
1EDIC	OR CONTRIE	INT WAS UNDERLY BUTING CAUSE OF IFY MEDICAL EXAMINE	about hom	LACE OF INJURY e, farm, fuctory, street, office	e. g., in or 2 bldg., etc.)	NURY OCCUR	(If in Baltimore Ci	ly, give	exact location)
2	210 TIME (OF INJURY	Month) (Day) (Year)	W	. INJURY OCCURR HILE AT MOT WHI	LE	IF. HOW DID I	NJURY OCCUR?		;
	22. I hereb	y certify that I att	tended the de	ceasea mont	rred at 1	19_53to_ 2.10m., from	8-14-, 19 i the causes and on	53 tha	t I last saw the
	COULDER WI								. DATE SIGNED

ledical Director

24B. DATE

CLUTIENCITE CODDECTED

23c. DATE SIGNED PHS Hospital. Balto. 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) ADDRESS FUNERAL DIRECTOR CENTERVILLE, MO.

46

24A. BURIAL, CHEMA-TION REMOVAL (Specify)

PLEASE WRI



VS 150

MARGIN RESERVED FOR BINDING

The

	し 5 8	J. 520 3 '7298 RTH NO.	ALTIMORE CITY HEAR		Registered 53_	7298
of death clearly and legibly.	3. A. B. HOIN	CONTROL OR STATE OF SEX 16. COLOR OF RACE 17. SING	PITAL Yrs. Mos. Days ELE. MARRIED. WID. DIVERCED (Specify) AD OF BUSINESS OR INDUSTRY 16. SOCIAL 16. SOCIAL 17.	STATE CITY OR TOWN (If out of the county) STREET ADDRESS (If remains the county) DATE OF BIRTH BIRTHPLACE (State or foreign of the county) MOTHER'S MINION NAME Place COUNTY INFORMANT	B. COUNTY pide corporate fraits, wr pide (in years last birthday) AGE (in years last birthday) ADDR	Before a mission RUITAL and give township towns
Physicians: please write the causes	ERTIFICATION	18. 42010 I DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the distinjury or complication which caused description of the caused description of the above cause (a) stating underlying conditions (a) stating underlying condition last.	CAUSE OF Y C.g., (A) CASC Ath.) OUE TO (B) VING THE OUE TO (C)	OHNS HOPKINS HOSP DEATH deac Taily schooling Hes	e.	INTERVAL BETWEEN ONSET AND DEATH
is especially important.	MEDICAL CE	OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 210 TIME (Month) (Day) (Year) (Hour) OF INJURY 11. 22. I hereby certify that I attended to	DITION FOR WHICH OPER FORMED 1B. PLACE OF INJURY (e. g. wat home, farm, factory, atreet, office bidge than the strength of th	CAUSE OF PART I OR I PART I OR I INJURY OCCUR? 21f. HOW DID INJURY	oeath, enter IN PART II in Baltimore City, give	nat I last saw th
correct age	Di Lu	4A. BURIAL, CREMA- ON. REMOVAL (Specify) ATE RECEIVED BY CCAL REGISTRAR REGISTRAR	24c. NAME OF EMETERY Wastmonst		ladefplica	Perna DRESS Blantfl



BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 13, 1953 Mr. Howard F. Lay Aug. (Laye) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RUR, C. CITY OR TOWN INSTITUTION township) Mercy Hospital. Inc. Baltimore legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4120 Moravia Avenue c. Length of stay in Baltimore Days on should be clearly and l 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 6. COLOR OR RACE 9. AGE (in years If Under 1 Year If Under 24 Hours last birthday) | Months: Days | Hours | Min. July 1, 1895 white married male IOA. USUAL OCCUPATION (Givekind of II. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY information is of death cle Baltimore, Maryland Produce Self-Employed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August Lay (Laye) Elizabeth Taylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. causes Mrs. Agnes Lav 4120 Moravia Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH 60X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) OUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE/OF OPERATION 20. AUTOPSY7 IF OPERATION WAS RELATED TO EDICAL CAUSE OF DEATH, ENTER IN important. PART I OR PART II ACCIDENT WAS UNDERLYING 218) PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 2 C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially OF INJURY WHILE AT NOT WHILE AT WORK WORK 195 3 to 1953 that I last saw the 22. I hereby certify that I attended the deceased from. 1953 and that death occurred at 2:18Am., from the causes and on the date stated above. deceased alive on 1 8 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL CREMA-TION, REMOVAL (Specify) 245. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B. DATE Western Cemetery Baltimore, Maryland Burial Aug. 25 PUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR Ruck, 5305 Harford Road Leonard

Every ite INK. please UNFADING Physicians: p PLAINLY, WRITE S PLEASE

VS 150

supplied.

carefully

pe

BINDING

RESERVED FOR

MARGIN

of

item

A\$6221

301

or a structured printer of the

pest sc

	F-	3	2	5	
3	BIRTH N	300)		

BALTIMORE CITY HEALTH DEPARTMENT

.53 7300

BI	RTH NO.		-	CERTIFICATI	E OF DEATH	Registered No.	7000
1.	NAME OF D 'ype or Print)		Y FIT	ZMORRIS		2. DATE 8-/3- OF DEATH	53
	PLACE OF D Baltimore	City, Maryland	~		4. USUAL RESIDENCE (V		itution : residence before admission)
В.	FULL NAME	OF (If not in hospita		on, give street address or location)	C. CITY OR TOWN (If	outside corporate l'mit w	rite HURAL and give
IN	ISTITUTION	Jennins M	11.0	SPITAL	BALTIMO	RE 10	township)
C.	eigth of s	tay in Baltimore	69	Mos.		rural, give location) TSM, BALTIM	10RE #16
1 6	emale	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED, ED, DIVORCED (Specify)	7-13-1884	9. AGE (In years by the birthday) Months	Days Hours Min.
worl	A. USUAL OC Adeneduring most	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country) 12.	CITIZEN OF
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	(1.3./) .
	FAK	REL -(Th	omas F	.)	Bessie McMo	rmick	
15 (Ye	. WAS DECEAS: s, no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS
	no			none	Helen C. Farre	11 633 E. 33	rd. St.,
	100	1X I		CAUSE	OF DEATH	THE DESTRUCTION	ONSET AND OFATH
	(This does	SE OR CONDITION LEADING TO DEAT s not mean the mode oure, asthenia, etc. It mea	TH f dying, e.g		ESTIVE HEA		2 month
	injury or	complication which c	aused death.	DUETE ERE	BROVASCULAR	ACCIDENT	6 years
7	1	ANTECEDENT CAUS	ES	SFM	ILE ARTERIOS	CIFROSIS	
TIO	RISE TO	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	G (B)			***************************************
ICA	ONDERL	THIS CONDITION EX					
TIFI		H		(C)			
ER	TRIBUTIN	SIGNIFICANT CONDI	NOT RELATE	0			
U		OF OPERATION		FINDINGS OF OPER	ATION	***************************************	20. AUTOPSY?
CAL							YES NO
MEDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., in arm, factory, atreet, office bldg., e		If in Baltimore City, give	exact location)
A	21D. TIME INJURY	(Month) (Day) (Year)	W	HILE AT NOT WHILE	ED 21F, HOW DID INJURY	7 OCCUR?	
12	22. I hereh	y certify that I att			1-15 - 1953, to 8	-12- 1953 #	nat I last saw the
		live on 8-12-			red at 1-13- 56, from t		ate stated above.
	23A. SIGNA	TURE Dr. Will	helen		38. ADDRESS 7. Hgnes Hosp		8-13-53
2. TI	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE	2	4c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, or e	ounty) (State)
	Burial	8-17-19		Loudon Park	Natl. Cem.	Baltimore,	Md.
	ATE RECEIVE OCAL REGIST		April 14	RE	25. FUNERAL DIRECTOR	3207 W. Nort	h Ave
1	VS 150	1	7				

and interview of the control of agents in a THE MANUAL TO SEVEN SERVICES table tentored |--Marine C. Crowelli Con La Sorgia Char 19,468 17 222 37467

		A	-534		The state of
	53		7201	BALTIMORE CITY HE	
	The	В	IRTH NO.	CERTIFICATI	E OF DEATH
		1.	NAME OF DECEASED ype or Print)	W antlita	
	upplie	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospi	Batta Mai.	4. USUAL RESIDENCE (
	fully a	H	DISPITAL OR ISTITUTION THUELD	Att.	c. CITY OR TOWN (I
	care		Length of stay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (1)
	y and		6. COLOR OF RACE	7. SINGLE, MARRIED. (Specify)	E. DATE OF BIRTH
	rmation should be carefu death clearly and legibly	wor.	A. USUAL OCCUPATION (Give kind of k deni during most of werking life; even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or
NG	rmati		John Can	ditz	14. MOTHER'S MAIDEN N
FOR BINDING	of information should be carefully supplied.	(Ye	WAS DECEASED EVER IN U. S. ARME a, no or unknown) (If yes, give war or date	D FORCES 16. SOCIAL SECURITY NO.	17. INFORMANT CA
OR E	item ie cau		18. /77X DISEASE OR CONDITION	DIRECTLY	OF DEATH
RESERVED F	Every item of i write the causes		LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of	ne the disease	noma of prost
ER			ANTECEDENT CAUS	SES .	
	r INK.	RTIFICATION	DISEASES OR CONDITIONS, 1 RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUF TO	
NIS	IN(S.		(C)	
MARGIN	UNFADING Physicians: 1	Ш	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING	RELATED TO THE	
	H	AL C		98. CONDITION FOR WHICH OP	ERATION IF OPERA CAUSE PART I
	ILY, WITH important.	(EDIC	21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE	NG 218. PLACE OF NJORY (e about home, farm, factory, street, office t	g. in or 21c. WHERE DID
•		2	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK	E
	FE PLAIR especially		22. I hereby certify that I att deceased alive on 8/12/	ended the deceased from 6/ , 1953, and that death occur	/12/ , 1953 to
	WRI'		23A. SIGNATURE		38. ADDRESS 1226 Hanove
	60	2	A. BURIAL CREMA- 248 DATE	240 NAME OF CEMETER	Y OR CREMATIONY 240 L

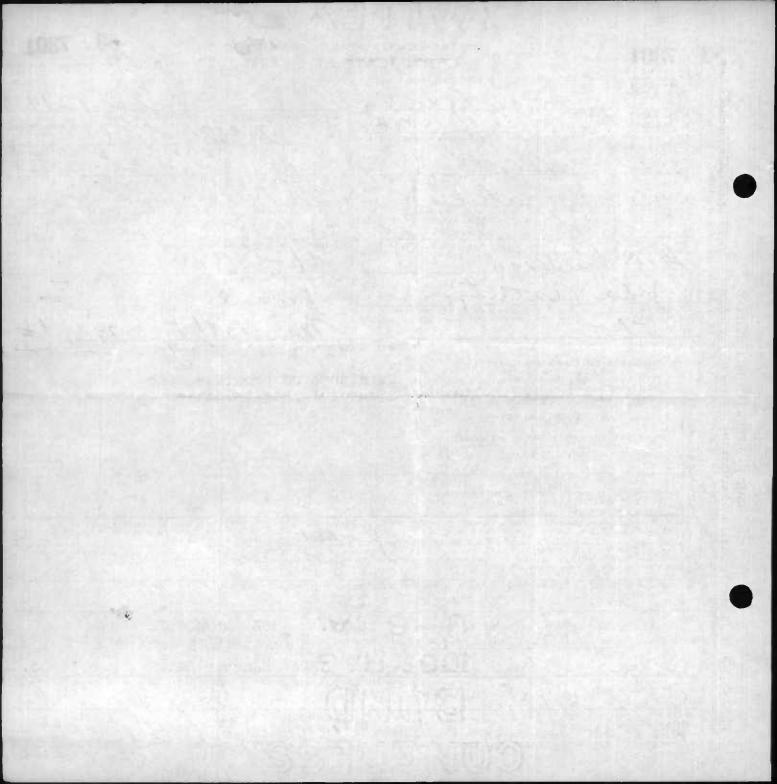
REGISTRAR'S SIGNATURE

Registered No. 2. DATE DEATH SUAL RESIDENCE (Where deceased lived, I stitution residence B COLLEG before admission) (If outside corporate limits, write RURAL and (If rural, give location) AGE (In years | II Under | Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. IRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? OTHER'S MAIDEN NAME ADDRESS INTERVAL BETWEEN ONSET AND DEATH a of prostate with 1 metastases IF OPERATION WAS RELATED TO 20. AUTOPSY PART I OR PART II 21c. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? , 1953 to 8/12/53, 19 , that I last saw the 7 P.m. from the eauses and on the date stated above. 23c. DATE SIGNED Hanover St. 24D. LOCATION (City, town, or county) ADDRESS

-UNGRAL-DIRECTOR

VS 150

DATE RECEIVED BY



	N-	1	6	0
3	73	02	2	

CERTIFICATE OF DEATH

Registered 53 7302

В	BIRTH NO.							
	1. NAME OF DECEASED (Type or Print) Calelaide Neulrau				2. DATE OF DEATH	us. 12195.		
Α.		City, Maryland	md.	A. STATE	DENCE (Where deceased lived,	lf institution: residence before admission)		
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospital or institut	location)	C, CITY OR TO	WN (If outside corporate lin	mits, write RUKAL and give township)		
1	0	7 2000 W 80	Yrs.	D. STREET AO	ORESS (If rural, give location)	211		
1	Length of s	tay in Baltimore 6. COLOR DRACE 7. SINGL	Days E. MARRIED, VED, DIVORCED (Specify)		RTH 9. AGE (In years)	It Under I Year H Under 24 Hours Months: Days Hours: Min.		
10	A. USUAL OC	CUPATION (Givekind of 10B, KING	arried	Nec. 18	8 / 8 / b sale of state of foreign country)	12. CITIZEN OF		
Wes	dependency most of	f working life even if retired)	INDUSTRY			WHAT COUNTRY?		
13	S. FATHER'S N	as A rey	ce)	6 Cem	abeth Arey	er		
		D EVER IN U. S. ARMED FORCES (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMAN	TO ATAO MOLI	ADDRESS VALLOF.		
	18. 422		CAUSE	OF DEATH		INTERVAL BETWEEN DNSET AND DEATH		
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying. e. g., heart failure, asthenia, etc. It means the disease,							
		complication which caused death ANTECEDENT CAUSES	a.) DUE TO		00-00 1 -			
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)							
RTIFIC		11	(6)					
CERT	TO THE	NIFICANT CONDITIONS CONTRIBUTED TO RELATED TO RECONDITION CAUSING IT.						
AL		WAS PERFO			IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I DR PART II	IN YES NO E		
EDICA	OR CONTRIE		bome, farm, factory, street, office		HERE DID (If in Baltimore Ci	ty, give exact location)		
2	210. TIME (OF INJURY	Month) (Day) (Year) (Hour)	WHILE AT NOT WHILE WORK AT WORK	LEF	W DIO INJURY OCCURT			
	that I last saw the the date stated above.							
	23 6 GIGNA		and that death Secur	38 ADDRESS	harbs St.	23c/OATE FIGNED 8/14/53		
2 TI	4A. BURIAL, ON REMOVAL (S				RY 240. LOCATION (CHY, to			
	ATE RECEIVE		HE WALLE	25. FUNERAL	本人以 11	ADDRESS		
	VS 150	<u> </u>			Ŧ0	rt ave.		

-/owsen

MARGIN RESERVED FOR BINDING

The

17	-45
3	7303

BALTIMORE CITY HEALTH DEPARTMENT

	53	7303
Registered	No.	7000

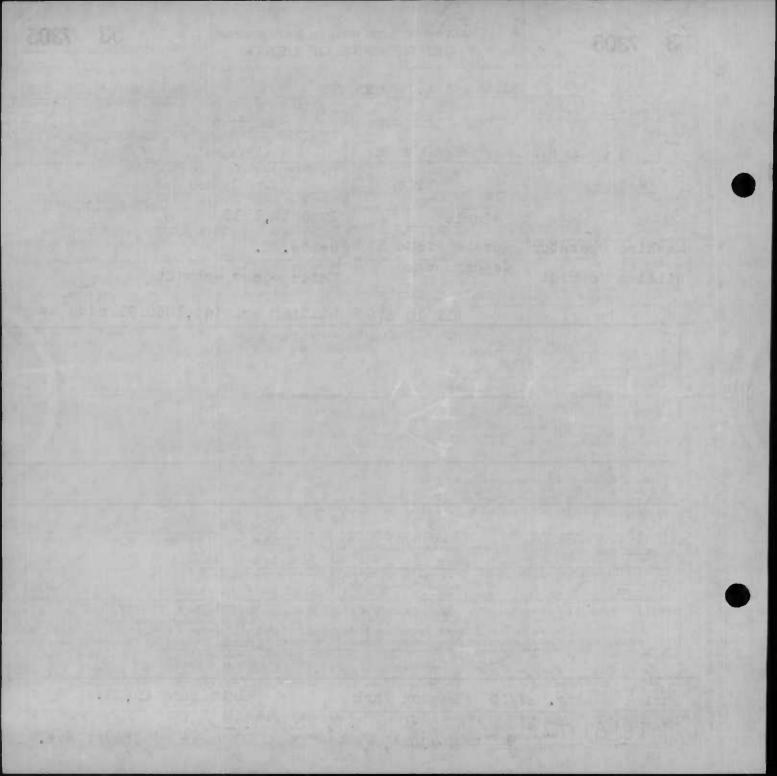
1	1-47		BA	LTIMORE C	ITY HE	ALTH DEPA	RTMENT		5	3 7303
BI	7303			CERTIF	ICATE	OF DEA	TH	Reg	istered No.	- , , , ,
	NAME OF DEGEASED Type or Print) John Y Allan							2. DATE OF DEATH	ang	14,1953
A.	PLACE OF DEATH: Baltimore City, Maryland					4. USUAL RES			ed lived, If G ns	titution: residence before admission
H	I. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 2524 Cost Fidural Jt.					c. CITY OR TO		f outside corp	o at limits,	vrite WORAL and giv
7)	i- P-li	Yrs. Mos.	D. STREET ADE	Cast	rural, give le	ocation)	Tu J-#13		
	SEX hali	6. COLOR OR RAC	E 7. SINGL	E. MARRIED. NED. DIVORCE	Days D (Specify)	8. DATE OF BIR		1 9. AGE (1	n years Um thday) Month	in I Yes II Under 24 Hours hs Days Hours Min
		CUPATION (Giveking working life even if reting life even if reting life even if reting to the state of the st			SS OR DUSTRY	11. BIRTHPLACE	E (State or)	foreign countr	(y) 12	CITIZEN OF
	S. FATHERIS N	les alle	en	1	1	14. MOTHER'S	beth	IL.	enkin	A
(Ye	5. WAS DECEASE s. no or unknown)	D EVER IN U.S. AR (If yes, give war or o	MED FORCES? lates of service)	16. SOCIAL SECURI	TY NO.	B. Hilson	Gllo	Lu-250	1 8	Fidual St.
	18. 420.1 CAUSE OF DEATH							INTERVAL BETWEE		
	(This does not mean the mode of dying, e.g., heart failure, eathering eather							3 Mos		
	injury or complication which caused death.) DUE TO Arteriosclerosis ANTECEDENT CAUSES							3 yrs		
NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO									
CAT	UNDERLY	ING CONDITION	LAST.	(C)				••••••••••		
ERTIFICA	TO THE	II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUS	T RELATED T	O THE	Ch.r.	aniaArth	ritia			5 vrs
AL C		FOPERATION	198. COND WAS PERFO	ORMED	HICH OF	PERATION	CAUSE PART I	OF DEATH.	RELATED TO ENTER IN	20. AUTOPSY?
EDICAL	OR CONTRIB	NT WAS UNDER UTING☐ CAUSE IFY MEDICAL EXAM	OF about	B. PLACE OF 11 t home, farm, factory	NJURY (e.g., in or 21c. WI bldg., etc.) INJURY	OCCUR?	(If in Baltir	nore City, gi	ve exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT									
	22. I hereb	y certify that I	attended the	e deceased fro	om Ju	ly 15 , 19	53 to A	ug 14	, 19_53	that I last saw th date stated above
	23A. SIGNAT		28.	0	2	38. 16735 E.	North	Ave	total on the	8-14-53
2 TI	4A. BURIAL, CON REMOVAL (S	pecify N -	-53	1-1 11	CEMETE	RY OR CREMATO	MA	tha a	re-Ba	ello. Md.
LO	ATE RECEIVE	RAR	AR'S SIGNAT		MJ.	She C.V	aller	Inc à	7431 E	Cliver It
A	UG 5 5 5	34 11	1	The state of the s						

288 2 E

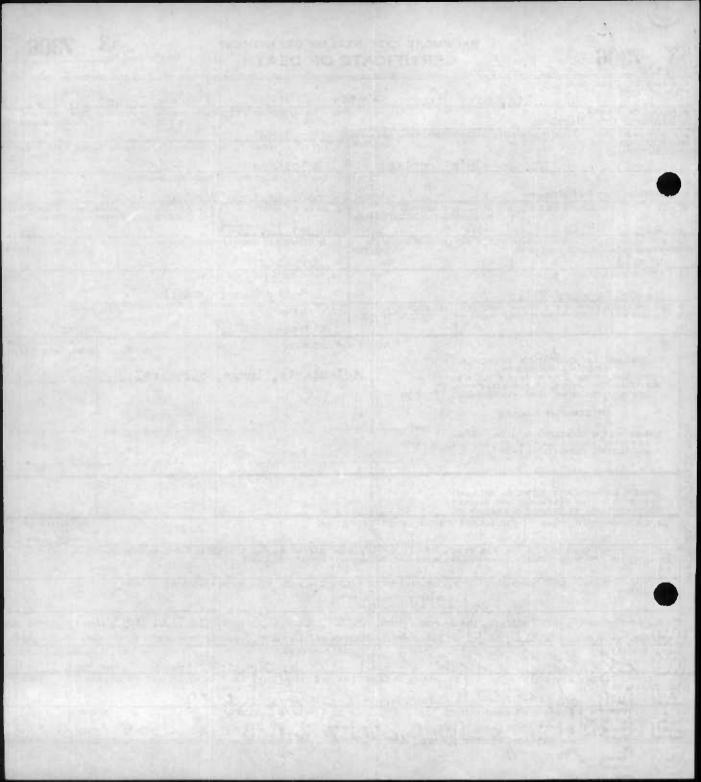
53 7304 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF ulux DEATH 4. URUAL RESIDENCE (Where deceased lived 1) institution: residence
a. STATE
before admissi 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits write RURAL and give location) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE Z. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) acres 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State of foreign country) 12/ CITIZEN QE opk done during most of working life, even if retired) WHAT COUNTRY INDUSTRY Alle Lake 13. FATHER'S NAME C141 MOTHER'S MAIDEN NAME (Oulles 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or/unknown) (If yes, give war or dates of service) 16. SOCIAL 17 NFORMANT ADDRESS SECURITY NO WINLLINGE. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CERTIFICATION APPROVED BY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) WHILE AT WORK I hereby certify that I attended the december hat I last saw the and Wa ccurred at_ t., from the causes and on the date stated above. deccased alive on 190 ADDRESS 23c DATE SIGNED 34 SIGNATURE OR CREMATORY BURIAL, CREMA-24B. DATE 24D. LOCATION (City, town, or county) ZAA. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL PARECTOR ADDRESS VS 150

et me son SE UTILITED AND LEW WINS 1000

1157	E OF DEATH Registered No. 7305						
1. NAME OF DECEASED (Type or Print)	MIDT 2. DATE OF DEATH August 13, 1953						
A. Baltimore City, Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write LULAL and one)						
South Baltimore General Hospital Yrs. C. Length of stay in Baltimore Life Mos. Days	D. STREET ADDRESS (If rural, give location)						
Male White Single MARRIED, WIDOWED, DIVORCED (Specify) Male White Single	June 12,1919 34						
Machine Operator Revere Brass Dustry	Balto.Md. WHAT COUNTRY?						
William Schmidt Copper Works	Helen Adams Schmidt						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) 212 10 6756	William Schmidt, 1260 Glyndon Ave						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	OF DEATH ONSET AND DEATH TUN WOUND OF abdomen						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?						
21a. EXTERNAL CAUSE WAS UNDERLYING BY OR CONTRIB. UTING LI CAUSE OF DEATH 21b. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., i Home	in or 21c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR? 1260 Linden Avenue						
OF INJURY August 8, 1953 A .m. WHILE AT NOT WHILE AT WORK	August 8, 1953 A. WORK X Shot self in abdomen						
the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural causes	above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry. Inquiry, find that said deceased died on the day stated above, s \(\sigma\), accident \(\sigma\), suicide \(\Sigma\), homicide \(\sigma\), undetermined \(\sigma\).						
24A. BORIAL. CREMA: 24B. DATE TION, REMOVAL (Specify)	T - 44 00 757						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	250 FUNERAL DIRECTOR ADDRESS						
VS 151 N 879. 4	ains Huibfalor Amondson Ave.						



5 BI	7 4°3 730	20 1663-1919		TIMORE CITY HE	EALTH DEPARTMI	ENT Registere	53 7	7306		
	NAME OF D ype or Print)		Baby	Girl WAN	CY JANE	2. DATE OF DEATH AU	gust 15.	1953		
	PLACE OF D Baltimore (4. USUAL RESIDEN	CE (Where deceased lived B. COUNTY	d. If institution	: residence ore admission)		
B. HC	FULL NAME OSPITAL OR STITUTION		al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN	(If outside corporate l	inite, while Rt	RAL and give township)		
		St.	Joseph!	s Hospital	Baltimore	V (16 mural simple extinu				
6	moth of s	tay in Baltimore		Yrs. Mos. Days	6600 Easter		,			
5.	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. PED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	Hours Min.		
10		White CUPATION (Give kind of	Sing	OF BUSINESS OR	August 14. 1	te or foreign country)	12. CITIZ	ZEN OF		
	child.	of working life, even if retired)		INDUSTRY	Maryland	EN NAME	WHA	T COUNTRY?		
					Doro thy Na					
15	. WAS DECEASE	Bernard Elli:	FORCES?	16. SOCIAL	17. INFORMANT	OHL DAVALL	ADDRESS	DRESS		
(10	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Father-		SAM	e		
CERTIFICATION	(This does heart failu injury or DISEASE:	EE OR CONDITION LEADING TO DEA' not mean the mode of the complication which of the complication complication the complication complicat	TH of dying, e.g. ns the diseas caused death SES F ANY, GIVIN STATING TH	e, .) DUE TO (8)	electasis, lur	ngs, bilateral				
CERT	TRIBUTING	IIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D						
	19A. DATE C	of operation 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. YES	AUTOPSY?		
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c, WHERE DID etc.) INJURY OCCUR?		ty, give exact	location)		
4	NJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK									
	22. I hereb deceased of 23A. SIGNA	live on August 1	tended the 4 19 53.	and that death occur	rred at 8:45 a.m., for 238. ADDRESS	to August 14, 1 rom the causes and o	on the date s	tated above		
TIC	BURYAL, ON, REMOVAL (S	Specify) Hug. 15	1953	Parkwood		BALTO	own, or county) (State)		
	ATE RECEIVE		SSIGNATU		25 FUNERAL DIRECT		5 Hay	Ford Pd		



MARGIN RESERVED FOR BINDING

IT	-5	2	0
53	730	7	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7307

E	IRTH NO.		CE	KIIFICAL	E OF DEA	117			
	NAME OF D						2. DATE		
			. Charle:	s Nelson			DEATH AU		
	. PLACE OF D	City, Maryland			4. USUAL RESI	DENCE (W	There deceased lived. B. COUNTY		: residence ore admission)
В	FULL NAME		al or institution, g	ive street address or		yland			14
	NSTITUTION	4000 T	- la D	location)	c. CITY OR TOW		outside corporate fin	nit, write RI	RAE and give township)
. _		4808 Lo	ch Raven			timor			
16	10			Yrs. Mos.	11		rural, give location)		
-	Length of s	tay in Baltimore	T CINCLE IN	Days	8. DATE OF BIR		aven Blvd.		W. H. J. 04 h
		6. COLOR DR RACE		IVORCED (Specify)			9. AGE (In years last birthday)	Months Days	Hours Min.
-	male	white	marr:		Nov.10,1		66		
	rk doos during most-	of working life, eveo if retired)	10B, KIND OF	INDUSTRY	II. BIRTHPLACE				T COUNTRY?
-	SeaFo				Baltimor		0	Uei	S.A.
Π,				1	14. MOTHER'S N	MAIDEN NA	AME		
-		Jones			Rhoda	3			
(Y	es, no or uoloown)	ED EVER IN U.S. ARMED	of service)	SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	***
_					Mrs. Iren	е н.	Jones, 4808	-	
	18. 391	4X ,		CAUSE	OF DEATH				VAL BETWEEN
	DISEA	SE OR CONDITION LEADING TO DEAT		14-1-15		-71		: 1	/
	(This does	s not mean the mode oure, asthenia, etc. It mea	f dying, e. g.,	(A)	aron	7.1.	Saus STA	Sky 17	11/18/20
		complication which c		DUE TO	/				
		ANTECEDENT CAUS	ES	1	8 1	a p		.7	. 0
Z	DISFASE	S OR CONDITIONS, II	E ANY GIVING	(B)	vyg N	ruse			Less Co
. Ĕ	RISE TO T	THE ABOVE CAUSE (A)	STATING THE	DUE TO					
V	- CALLERY OF THE PARTY OF THE P	THE CONDITION EX	31,	(C)	************************************		***************************************		
FRTIFICATION		П							
	OTHER SIG	SNIFICANT CONDITIONS DEATH BUT NOT I			-				
U	DISEASE D	OR CONDITION CAUSING	IT.						
			9B. CONDITION /AS PERFORME!	FOR WHICH OF	PERATION	CAUSE O	TIDN WAS RELATED OF DEATH, ENTER	IN [UTOPSY?
A C		ENT WAS UNDERLY	NGT 21B. PLA	CE OF INJURY	e.g. in orl 21c. WH		OR PART II (If in Baltimore Cit	YES L	t location)
ED	OR CONTRI	BUTING CAUSE OF	about home, f	arm, factory, street, office	bldg., etc.) INJURY	OCCUR?			
Σ		(Month) (Day) (Year)		WILLIAM OCCURR		W 212 111	JURY OCCUR?		
	OF INJURY	(Month) (Day) (lear)		NJURY OCCURR E AT NOT WHI		נאו מוט אי	JURY OCCUR?		
		ACTION DO		RK AT WOR		0.7	will	7=7	
	A CONTRACTOR OF THE PARTY OF TH	y certify that I att	A Minute			15to	0//-	,	last saw the
	deceased a		, 19 3 and		rred at Coloress	m., from t	he causes and on		tated above.
	23A. SIGNA	The first	1 940	0	SE ADDRESS	71	lord Wol	8/1/2	TE SIGNED
0 -	4A. BURIAL.	CREMA- 248. DATE	24c.	NAME OF CEMETE	RY OR CREMATOR	RY 240, X	OCATION (City, tov	vn, or county	(State)
T	ION, REMOVAL	Specify)	1053 T	oudon Par	de Com	Bo3	timore, Man	nuland	
-	Burial		S SIGNATURE	c */ C	k Cem.	REGIOR	drillore, mai	ADDRES	SS
	OCAL REGIST		10/2	LALLIA- MO	Deonard J	Ruck	k, 5305 H		
=	Alle 13	ושנים	1		Tollar G/0	· It uo.	11, 0000 110	11 1 01 0	rivau
	VS 150			2001	A				
				7	6 1 200	-	G. J.		41

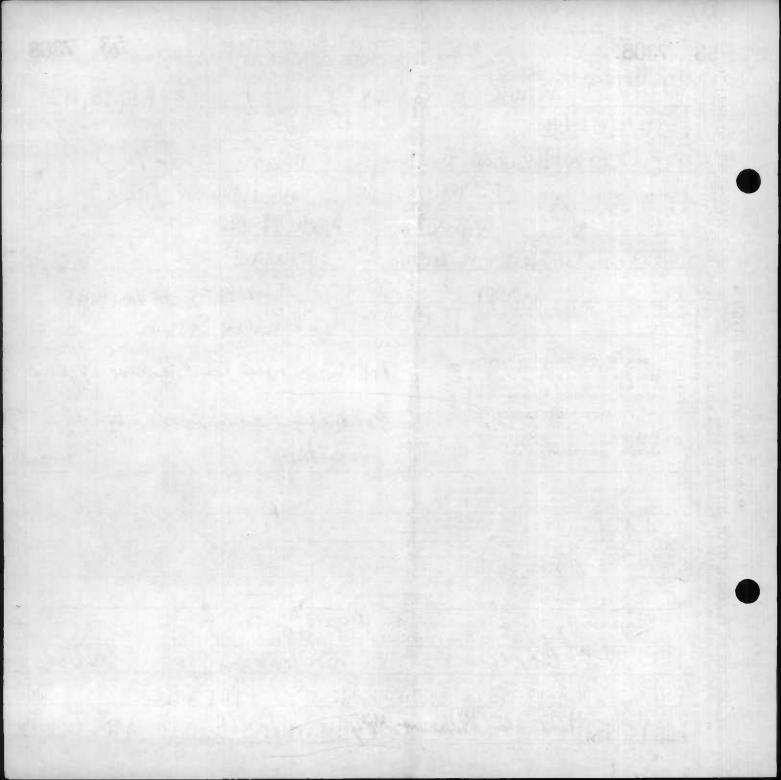
AND RELEASE ESTREET, INC. July and Letymorth The state of the s and the chartest and an armount of the chartest and incided the second of the seco

G-7308	530
1000	,

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

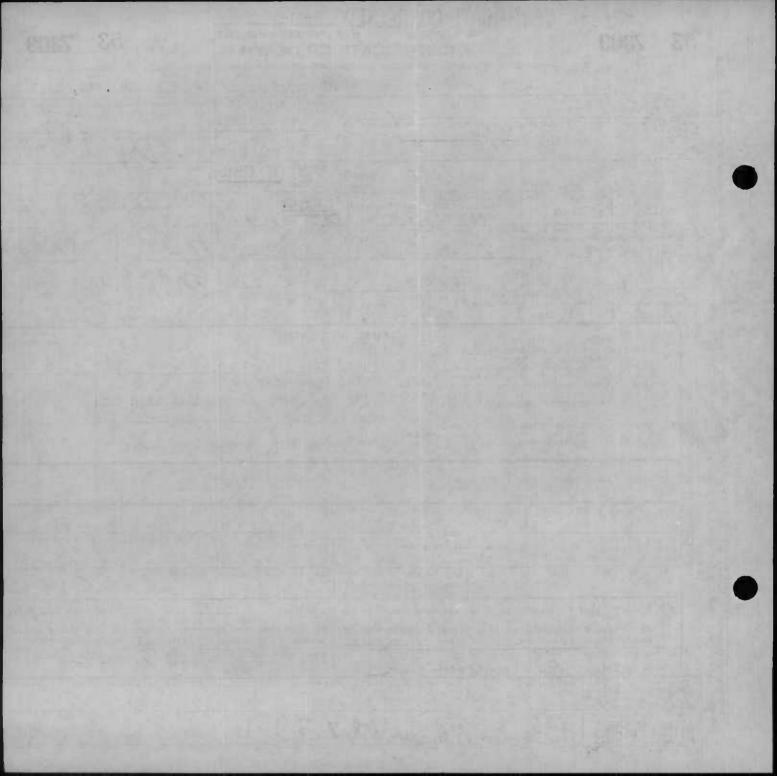
Registered No. 7308

В	RTH NO.			CE	RTIFICATE	E OF	DEATH	100	Registere	1 No	.000
1.	NAME OF DECE ype or Print)	ASED ARTH	UR	E.	GANDY				2. DATE OF DEATH AV	G.13	.1953
A.	PLACE OF DEAT Baltimore City	, Maryland				A. STA		ICE (Wh	ere deceased lived. B. COUNTY	If institu	ution: residence before admission)
H	FULL NAME OF DSPITAL OR STITUTION 5		NOOD	Λ	ive street address or location)	c, CIT	BALTO	(If or	utside comborate fi	mits, la	e 12 StAL and give township)
Vc.	U Length of stay	in Baltimore	251	IRS.	Yrs. Mos. Days	D, STR	518 H	ARW	000 AVE		
5.	SEX 6.0	COLOR OR RACE		WED,	ARRIED, DIVORCED (Specify)	APR	E OF BIRTH	816	9. AGE (In years last birthday)	If Under I Months	Year Il Under 24 Hours Days Hours Min.
work	A. USUAL OCCUP done during most of wor 18 RICATION	king life, even if refired	10B. KIN	D OF	BUSINESS OR INDUSTRY	11. BIR	CHIGA!	ate or for	eign country)		WHAT COUNTRY?
13	. FATHER'S NAM	E	1 . 01			14. MC	THER'S MAIL	DEN NAM	/	.0.7	
15	. WAS DECEASED E	VED IN IL S ADVI	ANDY	1 16	, SOCIAL		EUS	TAREL	H KENI		HT
(Ye	n, no or unknown) (If yes, give war or dat	es of service)	10	SECURITY NO.	MRS	· KATULE	EN	SHILOH	ADDRE	ABOVE
	18. 420.	0 1	211114		CAUSE			^		C	NTERVAL BETWEEN
	(This does not	OR CONDITION ADING TO DEA t mean the mode asthenia, etc. It me	TH of dying, e.	g.,	(A) arte	rios	cleration	e Lea	Mdisea	se	7 year
		nplication which		th.)	DUE TO			,			
Z		R CONDITIONS,		ING	(B) Jon	wal	igel ar	feu	oscho	من	7723
CATION	RISE TO THE	ABOVE CAUSE (A)	STATING '	THE	(C) Se	nil	lify				7 yr
ERTIFIC	TO THE DE	II ICANT CONDITIONS ATH BUT NOT ONDITION CAUSIN	RELATED '			-					
AL O	19A. DATE OF C	ne ol	WAS PERF		N FOR WHICH OF	PERATIC	CA PA	ART I OF	ON WAS RELATE DEATH, ENTER PART II	RIN	YES NO NO
EDIC	21A. ACCIDENT OR CONTRIBUT DEATH (NOTIFY	WAS UNDERLY ING CAUSE O MENUCY EXAMIN	F abou	B. PL.	ACE OF INJURY (farm, factory, street, office	e. g., in or bldg.,etc.)			f in Baltimore C	ity, give	exact location)
Σ	OF INJURY	nth) (Day) (Year		WHI	LE AT NOT WHI	LE		-	IRY OCCUR?		
	22. I hereby c	ertify that I at	tended th	e dec	cased from that death occu	red at.	3 1953, 3 10 m.,	to	e causes and o	9, the	at I last saw the
	23A. SIGNATUR	J. Ola	Upa	X	м. р.	521	O York /	Road		23	uel 3 F, J3
2 TI	4A. BURIAL, CRE AN REMOVAL (Spec	MA- 24B. DATE	1983	240.	RUID RID	GE.	REMATORY	PIKE	SYILLE	own, or cu	MO.
	ATE RECEIVED E		S'S SIGNA	1475	W.V.	25. FU	NERAL DIRE	CTOR	. 0		PRESS DO



MARGIN RESERVED FOR BINDING

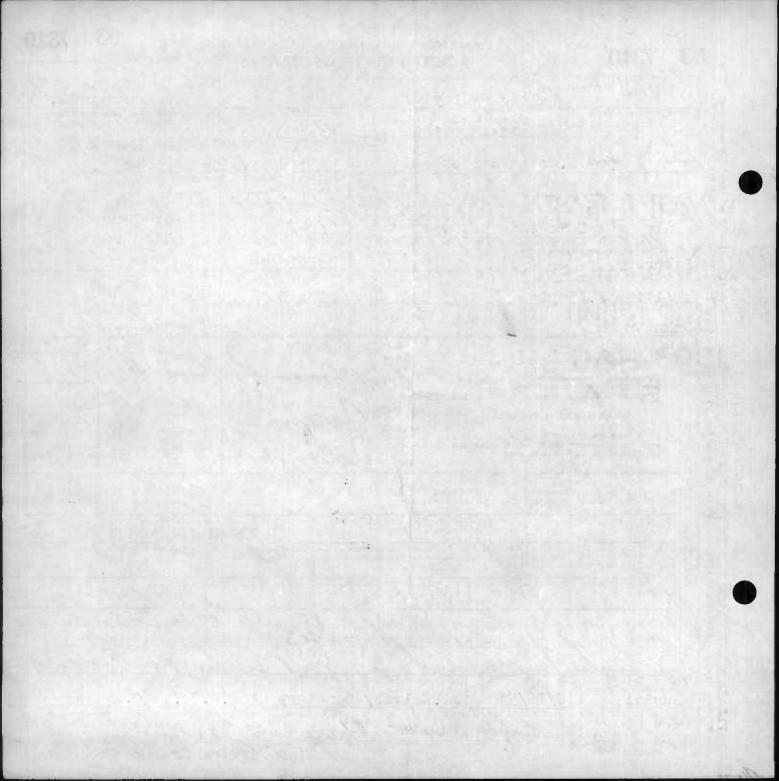
15 4 / 2110	E OF DEATH Registered \$3 7309
1. NAME OF DECEASED (Type or Print) GOLDON T. SCII	AB (Schwanb) 2. Date OF Aug. 14, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
8. FULL NAME OF foot in hospital or institution, give street address or HOSPITAL OR location) 542 Vinceton Avenue	
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 542 minds bon Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dean during moet of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 10B. KIND OF BUSINESS OR INDUSTRY 11B. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT GOUNTRY? 14. MOTHER'S MAIDEN NAME
John Ch wamb	Delia, mª Juire
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Ethel m. achusamb Dames
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	onset and death ry artery disease with occlusion ight coronary artery hypertrophy and dilatation ary Edema ic passive hyperemia of liver
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ATION (20. AUTOPSY?
I I I I I I I I I I I I I I I I I I I	YES NO
218. PLACE OF INJURY (e.g., i underlying in cause of death.	INJURY OCCUR?
Z 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY DI. WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural gaussi	above, held anautopsy thereon and from
	238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER
24A BUNTAL CREMA 24B. DATE 24C. NAME OF CEMETE TIGN REMOVAL (Spicify) 24C. NAME OF CEMETE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE AUG 15 1933 Huntington Williams, M.	AM ankins ams to 490 York Ry
VS 151 0 490	64



	The	0
	supplied.	
	arefully	gibly.
	uld be c	y and le
	ion sho	n clearl
INDING	f informat	se write the causes of death clearly and legibly.
FOR B	item o	he caus
RVED	Every	write t
RESE	INK.	please
MARGIN RESERVED FOR BINDING	ITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The	especially important. Physicians: please write the causes of death clearly and legibly.
	WITH	rtant.
	VINLY,	lly impo
	TE PLA	especial

	53	7310
Registered	No.	

1	-3	00					
L	-		BAI	LTIMORE CITY HE	EALTH DEPARTMENT	ZEVEL	53 731.0
3	7310)		CERTIFICATE		Registere	
	NAME OF Dope or Print)		er H/L	loyd		2. DATE OF DEATH AL	igust I2,53
3. A.	PLACE OF D Baltimore C	EATH:		re, City	4. USUAL RESIDENCE (A. STATE Maryland		
HC	STITUTION	507 S.Green		location)	C. CITY OR TOWN ()	f outside corporate li	mits, write kilital and give township)
M		O Seateer		Yrs.	Baltimore, Ci	f rural, give location)	
	Length of s	tay in Baltimore	Li:	fe Days	507 S.Greenf	Street 19. AGE (In years	It Under) Year It Under 24 Hours
1	Male	Colored	Wide	ved, divorced (Specify) OWed	2/24/1900	last birthday)	Months Days Hours Min.
work		CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	Baltimore	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S	IAME			14. MOTHER'S MAIDEN N	NAME	
I	<i>l</i> illiam	H.Lloyd			Elizabeth Th	omas	
(Yes	, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SDCIAL SECURITY NO.	17. INFORMANT		ADDRESS
UI	18. $15/$				Walter Gray-6	38 W.Conwa	Street
RTIFICATION	(This does heart failu injury or DISEASES RISE TO T	LEADING TO DEA's not mean the mode of the complication which of ANTECEDENT CAUSES OR CONDITIONS, INTERPOLATION CONDITION LANGE CONDITION LANGE CONDITION LANGE CONDITION LANGE CONDITION LANGE CONDITION LANGE CONDITION LA	TH of dying, e. g ans the diseas caused death SES OF ANY, GIVIN STATING TH	E., (A) AMA	inne of neme Myshly	Mms.M	- 11
Ш	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT OR CONDITION CAUSING	RELATED TO		/		
AL C		F OPERATION 1	19в. CONDI WAS PERFO		CAUSE PART I	ATIDN WAS RELATED DF OEATH, ENTER DR PART II	YES ND
EDIC	OR CONTRIE	ENT WAS UNDERLY BUTING CAUSE OF THE MEDICAL EXAMINE	F about	B. PLACE OF INJURY (a home, farm, factory, street, office	e. g., in or 21C. WHERE DID bldg., etc.) INJURY OCCUR?	(If in Baltimore Ci	ty, give exact location)
Σ	21D. TIME (OF INJURY	(Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK		JURY OCCUR?	
	22. I hereb	y certify that I at	tended the	deceased from	- 15, 19 Oto_ rred at 43 & An., from	1-15 , 19	That I last saw the
24	23A/SHONA	ture 1.	Voc	M. D.	SB. ADDRESS	LOCATION (City, to	SH4-50
TIC	AK. BURIAL, CON, REMOVAL (S Burial	8/I6/				A.Co., Md	
	ATE RECEIVE	D BY REGISTRAR	'S SIGNATI	Williams Me	25. FUNERAL DIRECTOR	Benest	ADDRESS
A	VS 150		0	65.60	108.M.W	ontgome	my street



53 7311 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) AMRHEIN DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. LPetwood ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) AGE (In years I Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) married 11 1900 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 11 holes U.S.A. 13. FATHER'S NAME AMRHEIN. JOSEPH WOLFE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO MARGARET E AMRHEIN 3809 FLEETWOOD 16-03-6533 18. CAUSE OF DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fullure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE de samp UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

YES (If in Baltimore City, give exact location)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21F. HOW DID INJURY OCCUR?

. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY

AT WORK

21c. WHERE DID

1953to

22. I hereby certify that Lattended the deceased from 9 deceased alive on 15 . 1953 and that death occurred at_

REGISTRAR'S SIGNATURE

238. ADDRESS

10 _____ 1953 that I last saw the

TAYLOR AUE

m., from the causes and on the date stated above. 23c. DATE SIGNED

BURGAL

DATE RECEIVED BY

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE

PARK WOOD CEMEIERY.

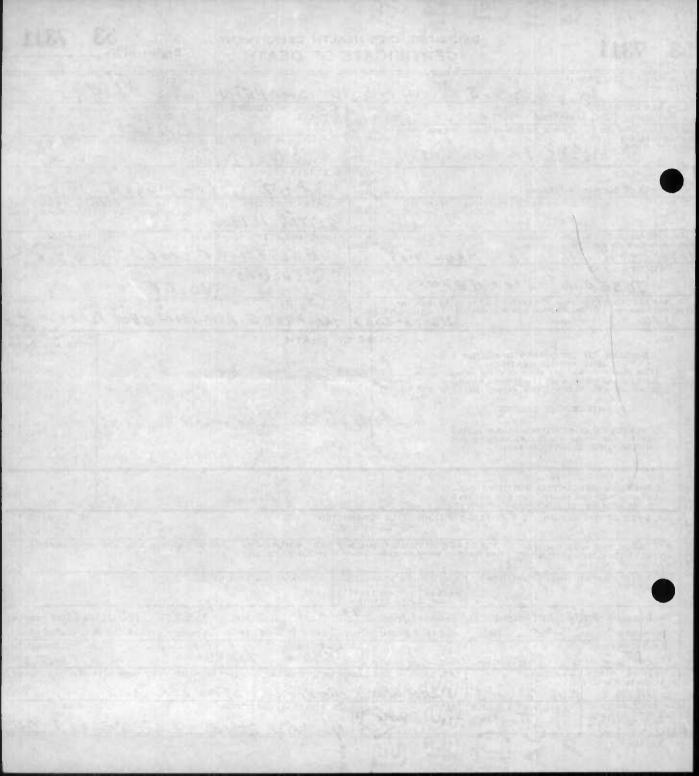
5. FUNERAL DIRECTOR

VS 150

ADDRESS

7110 BELAIR

20. AUTOPSY

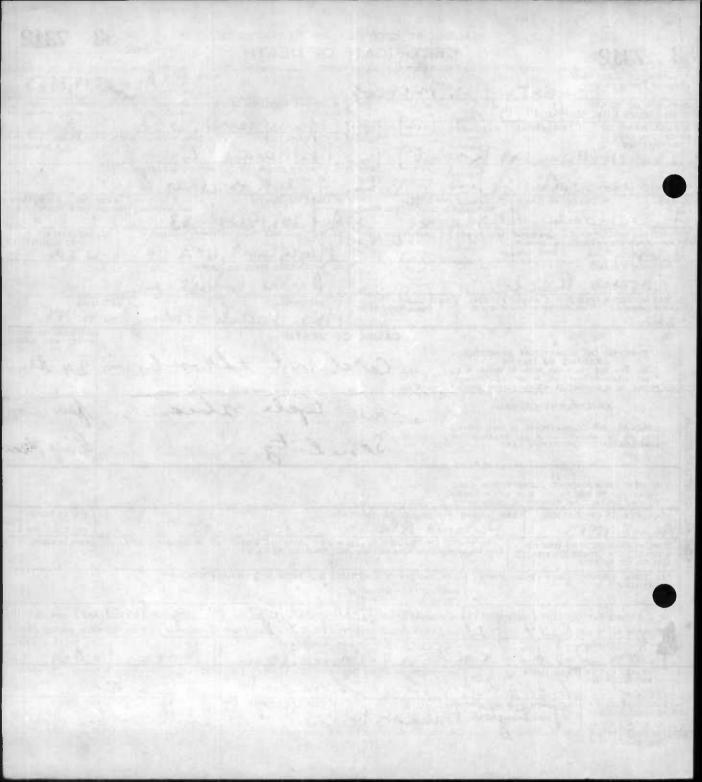


H	-	26					EALTH DEPARTMENT	Registered	53	7312
BH	TH N	7.31.2	2		CERTI	-ICATI	E OF DEATH	, megistere	1 110.	
		OF DEC	toachT	-Mr	.4+4	nees		OF DEATH	11 story	4,1953
A.	Baltin		ty, Maryland	13.			4. USUAL RESIDENCE	Where deceased lived.		pefore admission)
HC	SPITA	1	F (If not in hospit	a II .	ion, give stree	location)	c. CITY OR TOWN (If outside corporate li	mits, write	RURAL and give township)
1	5	<u>ubch</u>	Home on	y Ho	base	Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)		200
d	ng		ay in Baltimore	7 51116	MARRIED	Days	8. DATE OF BIRTH	9. AGE (in years	N Under 1 Yes	ar If Under 24 Hours
3.	Lin	ues "	سلناس	WIDOW	ED, DIVORC	ED (Specify)	Aug. 20, 1869	last birthday)	Months Da	Hours Min.
	done du		UPATION (Give kind of working life, even if retired)	10B. KINE	OF BUSIN	ESS OR INDUSTRY	HUCHLAND.	foreign country)		TIZEN OF
13.		IER'S NA	ME 7				14. MOTHER'S MAIDEN	NAME		
		DECEASED	EVER IN U. S. ARMED	FORCES?	16. SOCIA	L	17. INFORMANT	- GUW-L	ADDRESS	5
(Yes	AAC	anknown)	(If yes, give war or date	of service)	SECUF	RITY NO.	Mrs. Swal	6 orden	Bolto	. LH.
	18.	537	14.			CAUSE	OF DEATH			ERVAL BETWEEN
	he	his does t	C OR CONDITION LEADING TO DEA' not mean the mode of a sthenia, etc. It mean to mode of the complication which of the complex to the complex t	f dying, e. 1 ns the diseas	e,		alital th	rombo	و من	4 dro.
_		2.3	NTECEDENT CAUS			mer	etiple a	been.	s //	les glay
NOIF	RI	SE TO TH	OR CONDITIONS, IS E ABOVE CAUSE (A) NG CONDITION LA	STATING TH		6-	· 0 · t-	•	1	9 4 4
CA					(C)	V.	nerg	• * * * * * * * * * * * * * * * * * * *	بالح	ory par
CERTIFI	TR	BUTING	II GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D	••••				
7	19A.	DATE OF	OPERATION 1	9B. MAJOR	FINDINGS	OF OPER	RATION		20	O. AUTOPSY?
CA	Ag	m2 11	1953	1200	ACE OF INJ	KLIV.	n or 21c. WHERE DID	(If in Baltimore Cit		et location)
MEDI	LYIN		CONTRIBUTING		farm, factory, stre			(II III Dattimore Off	y, give exa	ict location)
		TIME ()	Month) (Day) (Year)		21E. INJURY		ED 21F, HOW DID INJU	RY OCCUR?		
				m.	WHILE AT WORK	NOT WHILE AT WORK				
			certify that I att	ended the	deceased f	rom [[lugnet, 1953, to	14 august 19	53that	I last saw th
		SIGNATI	ve on 8/14	4972	and that a	eath occur	rred at #45 Pm., from	the causes and or	23c.	DATE SIGNED
	N	BN	slad.	ach	A WAR	M. D.	haveh Nome	THOSP	15/	Jug - 53
24	A. BI	JRIAL, CI	REMA- 248. DATE	1.00	24C. NAME	OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, to	wn, or coun	(State)

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

AUG 1 5 1953

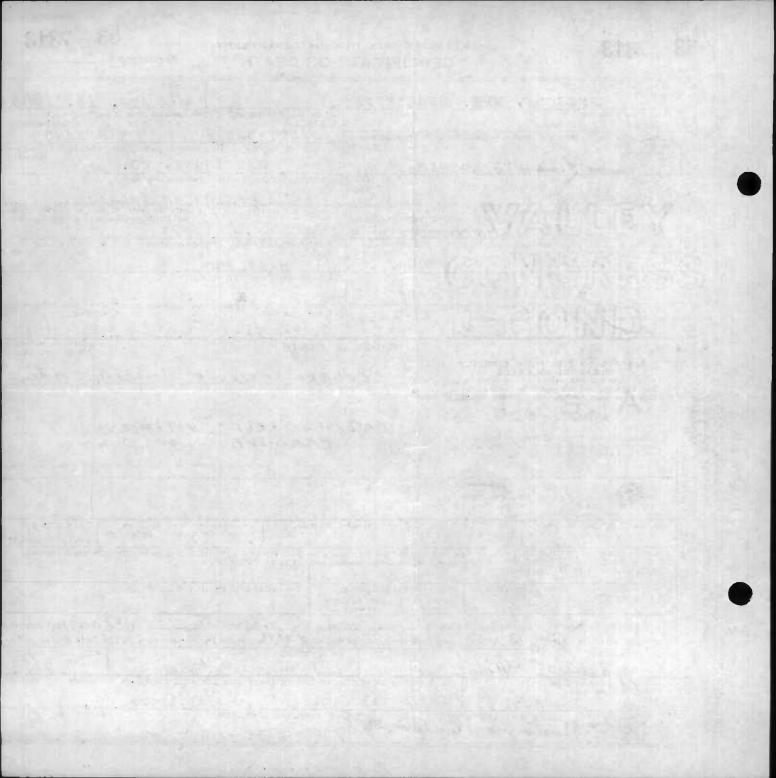


B-620		5	3 7312
BIRTH NO. BALTIMORE CITY & CERTIFICA		RIMENI	- IOULO
1. NAME OF DECEASED (Type or Print) BRISCOE, MIN. HENRIETTA	E.	2. DATE OF DEATH AUG.	13, 1953
3. PLACE OF DEATH: A. Baltimpre City, Maryland	the state of the s	DENCE (Where deceased lived, If in	nstitution: residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locatio	or BALTIN	IORE MA.	RYLAND
INSTITUTION ST. AGNES HOSPITAL	C. CITT OR TOV	VN (If outside corporate limits, BALTIMORE, MD.	write RURAL and giv
Yrs	D. STREET ADD	RESS (If rural, give iocation)	
Length of stay in Baltimore Mos Day	8 403	ROSECROFT TERR	ACE
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci	B. DATE OF BIR	TH 9. AGE (In years) HI	inder I Year If Under 24 House the Days Hours Min
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR			
work done during most of working life, even if retired) Ret. Auditor Sup. Custom House	RY		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	MAH	AAIDEN NAME	
x Alexander Briscoe		x Altiare Tola	and
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO.	17. INFORMANT	AD	DRESS
No		xina Briscoe 403	Rosecroft
Injury or complication which caused death.) ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ERIOSLLEI CARDII	COTIC HYPERIEN	SIVE SEPSE
(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	-		
19a. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF OEATH, ENTER IN PART I OR PART II	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF CAUSE O	(e. g., in or 21C. WH industrial injury)	ERE DID (If in Baitimore City, a OCCUR?	give exact location)
210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY mn. WHILE AT WORK AT WE		Y DID INJURY OCCURT	
I I worked be continued to the tree tree tree to the tree tree tree tree tree tree tree	lug 10, 19.	53 to aug /3 , 1953	that I last saw th
deceased alive on Org 13, 1953, and that death occ	urred at 7-43 P	n., from the causes and on the	e date stated above
James E. Parve Ja M.D.	St ag	nes Hosp.	8/13/53
24A. BURNAY, CREMA- 24B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify)			
Burial Aug. 17-53 Cathedral	Cem.		ADDRESS
LOCAL RECISTRAD	TO STATE OF		A

Farley Catonsville

VS 150

1000



2 HILL NO. 3	44		CERTIFICAT	E OF	DEATH	Regist	ered No	7344	
1. NAME OF (Type or Print	DECEASED	Ch	marles Bullitt	2. DATE OF 8-12-1953 DEATH					
	City, Maryland			A. STA	JAL RESIDENCE (TE Maryland	Where deceased 1 B. COUN		ution: residence before admission	
B. FULL NAM HOSPITAL OI INSTITUTION	Baltimore C		tion, give street address of pitals location	B	or town (I			te RURAL and give township	
c. Length of	stay in Baltimore	40	yrs. Yrs. Mos. Days	721	eet address (I. . West Lanva				
5. SEX Male	6.COLOR OR RACE	7. SINGL WIDOV Marr	E, MARRIED, VED, DIVORCED (Specif 1ed	8. DAT April	9, 1880	9. AGE (ln y last birthd	ears H Under 1 ay) Months	Days Hours Min.	
ork done during me	OCCUPATION (Give kind of pet of working life, even if retired 110r	10B. KINI	of Business or INDUSTR	w .	THPLACE (State or Itucky	foreign country)		CITIZEN OF WHAT COUNTRY	
13. FATHER'S				14. MO	Catherine	NAME			
15. WAS DECE (Yes, no or unknown	ASED EVER IN U.S. ARME (If yes, give war or dat		16. SOCIAL SECURITY NO.		ormant I. 4940 East	ern Ave.	ADDRE		
	ASE OR CONDITION	DIRECTLY		OF DE	ATH			NTERVAL BETWEEN ONSET AND DEATH	
	LEADING TO DEA oes not mean the mode cilure, nsthenia, etc. It me	of dying, e.	g., (A)	umonia	***************************************	*********************			
	or complication which	caused dcat							
Z O DISEAS	ANTECEDENT CAU			etic C	ardio Vascu	lar Diseas	80		
RISE TO	SES OR CONDITIONS, THE ABOVE CAUSE (A RLYING CONDITION L	STATING T		·····		***************************************			
OTHER TO TH	II SIGNIFICANT CONDITION IE DEATH BUT NOT	RELATED T							
DISEASE			ITION FOR WHICH ORMED	OPERATIO	CAUSE	ATION WAS REL OF DEATH, EI OR PART II	NTER IN	20. AUTOPSY?	
OR CONT	IDENT WAS UNDERLY RIBUTING CAUSE OF COLORS OF	F ebout	B. PLACE OF INJURY home, farm, factory, street, off		21c. WHERE DID		re City, give	exact location)	
21D. TIME OF INJUR	(Month) (Day) (Year	Hour)	21E. INJURY OCCUR WHILE AT NOT W WORK AT WO	HILE	21F. HOW DID IN	JURY OCCUR	7		
22. I her	reby certify that I at a live on 8 - 12	ttended the	e deceased from	7 - 30	, 1953, to_8	12 - 12 -	, 19_53 the	at I last saw th	
23A. SIG		hunt	Ren 1	238. ADD			23	12-1953	
24A. BURIAN	CREMA- 248. DATE		24C. NAME OF CEME	TERY OR C		LOCATION (Cit		ounty) (State)	
Buri DATE RECEI	3 0 . 3	153 R'S SIGNAT	Mt. Aubur	n Com	NERAL BIRECTOR	altimore		yland DRESS	
LACE TES	1953	etin !	VIFALICA- MS		ent's	Phillips	1808	N.	
VS 150		0	40				Mon	roe St.	

ACTUAL ASSET VALUE OF STREET . 1.22 . (2) Stenant Land made all states in the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

7315 Registered

BIRTH NO 1. NAME OF DECEASED 2. DATE AUG 1953 (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location) HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give JOHNS HOPKINS HOSPITAL INSTITUTION township) (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE SINGLE, MARRIED AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. SING 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? OILER - SEAMAN ESTON, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOMAS 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO JOHNS HOPKINS HOSPITAL -03-8299 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bluding esoptique variers (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY EDICAL WAS PERFORMED CAUSE OF DEATH, ENTER IN PART I OR PART II 21C. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., is or OR CONTRIBUTING | CAUSE OF about home, farm. factory, street, office bidg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 8 - 13 - 1953 that I last saw the 22. I hereby certify that I attended the deceased from. 1953, and that death occurred at & m., from the causes and on the date stated above. deceased alive on_ 23c. PATE SIGNED 23A IGNATURE HOSPITAL

information death Every item of a write please INK. UNFADING Physicians: pl WITH important. PLAINLY. is especially WRITE age PLEASE

24A. BURIAL, CREMA-

TION, REMOVAL (Specify)

LOCAL REGISTRAR

CREMATION DATE RECEIVED BY

carefully supplied.

he

pluods

BINDING

MARGIN RESERVED FOR

and legibly.

clearly

VS 150

SIGNATURE

248, DATE

REGISTRAR'S

ADDRESS

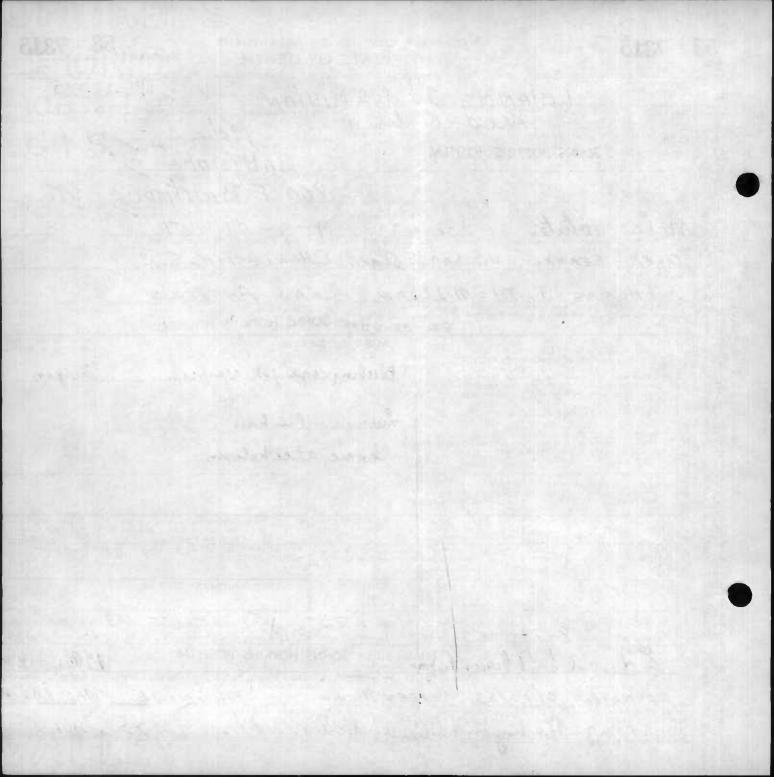
24D. LOCATION (City, town, or county)

REEN MOUNS

OR CREMATORY

25. FUNERAL DIRECTOR

24C, NAME OF SEMET

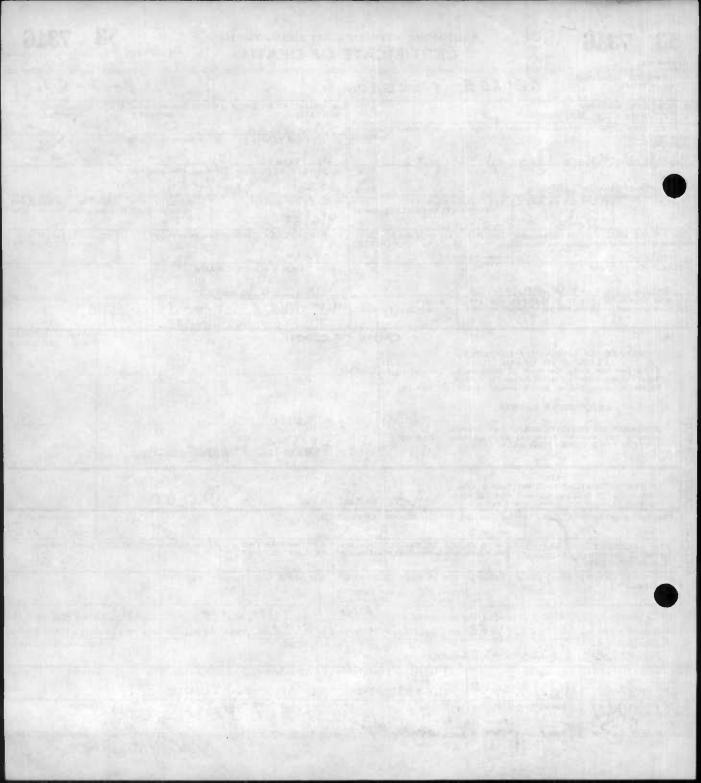


5-362	
BIRTH NO.	
I. NAME OF DECEASED	

BALTIMORE CITY HEALTH DEPARTMENT

53 7316

DIDTU NO	CERTIFICATI	E OF DEATH	Registered	No.
I. NAME OF DECEASED			La DATE	
(Type or Print) GEORGE	STURGEON		DEATH	-12-53
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, B. GOUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institu HOSPITAL OR	tion, give street address or location)	C. CITY OF TOWN	If outside corporate in	hits, write RURAL and give
South Baltimore General &	lational	Baltimore (13	8) 8	township)
	Yrs.		If rural, give location)	
ngth of stay in Baltimore	Mos. Days	2028 2. Nor		
5. SEX 6. COLOR OR RACE 7. SINGL	E. MARRIED. WED, DIYORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months Days Hours Min.
	swed.	916/55	97	
10A. USUAL OCCUPATION (Give kind of lob. KIN) rork done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired	_	Canada		WIIAI COCKINI
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
James H. Sturgeon.		Anne hochhe	ed.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mrs.EMMat Krai	seer (Dane)	ADDRESS
no	none		th Ave.	1001/
18. 610X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND CENTE
(This does not mean the mode of dying, e.	e. a Uremi	a		
heart failure, asthenia, etc. It means the disea injury or complication which caused deat	se,			
ANTECEDENT CAUSES	(B) Urinar	y Retention		
DISEASES OR CONDITIONS, IF ANY, GIVI	NG			
RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	Caril a	Prostatic Hy	pertrophy	
U	(C)	110410110117	PE ITOPING	
OTHER SIGNIFICANT CONDITIONS CO		+ 11 11 +	D	THE STATE OF THE S
TO THE DISEASE OR CONDITION CAUSING	IT. TATELIO SC	reportic wears	Dizease.	
	R FINDINGS OF OPER	ATION		20. AUTOPSY?
214 ACCIDENT WAS UNDER 218 PL	ACE OF INHIBY (- 1	or 21c. WHERE DID	(If in Baltimore City	YES NO
	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(II in Baltimore City	, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJU	RY OCCUR?	
INJURY m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended the		Cr. / 1953 to A	146. 12 19	53, that I last saw the
deceased alive on AUG. 12 1953	and that death occur	red at 5: 15 4 m., from		
3A/SIGNATURE		3B. ADDRESS		23c. DATE SIGNED
Goods Omis	menly M. D.			
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 240.		vn, or county) (State)
Burial Aug. 15.1953	Baltimore		timore Md.	
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR HENRY SANDER		ADDRESS
AUG 151953 4 + + +	Mianus Mar	HENRY SANDER	e DOND INC	1
VS 150	100	Baitimore Ma.	Kent.	Hornola.



VS 150

Seressifotic 1 Allow Market Market Barrier St. S. S. Land Top Control

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2. DATE DEATH DEPARTMENT DEPA	- 3 4 3 CERTIFICATE CORRECTE	D 8-19-53 × 53 7246
INAME OF DECEASED (Type or Pirist) PARTY P		EALTH DEPARTMENT
A JUSTAL RESIDENCE (Where deceased lived If institution, residence of the part	BIRTH NO.	E OF DEATH Registered No.
3. PLACE OF DEATH Baltimore City, Maryland a. FULL NAME OF (If not in hespital organistration, give street address or fleedful) F. LIL NAME OF (If not in hespital organistration, give street address or fleedful) F. SEX 6. COLOR OR RACE 7. SINGLE MARRIED Days 9. DATE OF BIRTH 10. ATTENTION OF STREET ADDRESS (If rural, give location) 11. BIRTHPLACE (State or toreign country) 12. CITYLEN OF 13. PATHERS NAME 14. MOTHER ST HALDEN NAME 15. MIS DECEASE OR CONDITION DIRECT. 16. SOCIAL LEADING TO DEATH THIS does not mean the mode of dring, e.g., heart filter, whiten is excluded double, but the organism of the state of death. 16. SOCIAL LEADING TO DEATH THIS does not mean the mode of dring, e.g., heart filter, whiten is excluded double, but the organism of the state of death. ANTECEDENT CAUSES 16. SOCIAL LEADING TO DEATH THIS does not mean the mode of dring, e.g., heart filter, whiten is excluded to the state of death. DISEASE OR CONDITION DIRECT. (a) DISEASE OR CONDITION DIRECT. (b) DISEASE OR CONDITIONS IT ANY SYMME BIRTH OF THE GRAVEN CAUSE (If years in synthesis device) 17. THE SIGNIFICANT CONDITIONS CONTROLLED IN A STREET ADDRESS (If years in synthesis device) DISEASE OR CONDITION DIRECT. (c) 18. WILL AND DEATH LEADING TO PEATH OTHER SIGNIFICANT CONDITIONS CONTROLLED IN A STREET BOUNDARY COUNTRY (II) DISEASE OR CONDITION DIRECT. (c) 19. DATE OF DEATH OTHER SIGNIFICANT CONDITIONS CONTROLLED IN A STREET BOUNDARY COUNTRY (II) ANTECEDENT CAUSES 19. ANTECEDENT CAUSE	(Type or Print) HARRY C. REYNOLDS	OF 8 /11/-3
Company Comp	3. PLACE OF DEATH:	
C. REIGH of stay in Baltimore 9. SEX S. COLOR OR RACE 9. SINGLE MARRIED 10. STREET ADDRESS S. COLOR OR RACE 10. SINGLE MARRIED 11. BIRTH-LACE (State or foreign country) 11. BIRTH-LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. RATHER'S NAME 14. MOTHER'S MADEN NAME 15. WIS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. NFORMANT 18. DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dring, e.g., least fallure, astherial, etc. it means the disease, lighty or completion which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE OF DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE GRAVE, BIRTH NOT RELATED DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE GRAVE, BIRTH NOT RELATED TO OTHER OF DEPERATION 18. PLACE OF FINALURY (S. s., least 21. WHERE DID OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE GRAVE COUNTRY) 19. DATE OF DEPERATION 19. PLACE OF FINALURY (S. s., least 21. WHERE DID OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE GRAVE, BIRTH NOT RELATED TO THE GOOD OF CONTRIBUTING TO THE GRAVE COUNTRY OF COUNTRY	HOSPITAL OR Iocation	
S. SEX S. COLOR OR RACE 7. SINGLE MARRIED Number 1. Section	INSTITUTION // lucy Hos Just, Inc.	D township)
9. DATE OF BIRTH 10A. USUAL OCCUPATION (Givakindar) 10B. KIND OF BUSINESS OR INDUSTRY 11B. BIRTHER, ACE (State or foreign country) 11C. MATHER'S NAME 11S. W/S DECASED EVER IN U. S. ARMED FORCES? (If year, give eye place of service) 11C. MATHER'S NAME 11S. W/S DECASED EVER IN U. S. ARMED FORCES? (If year, give eye place of service) 11C. MATHER'S NAME 11S. W/S DECASED EVER IN U. S. ARMED FORCES? (If year, give eye place of service) 11C. MATHER'S NAME 11S. W/S DECASED EVER IN U. S. ARMED FORCES? (If year, give eye place of service) 11C. MATHER'S NAME 11S. W/S DECASED EVER IN U. S. ARMED FORCES? (If year, give eye place of service) 11C. MATHER'S NAME 11S. W/S DECASED EVER IN U. S. ARMED FORCES? (If year, give eye place of service) 11C. MATHER'S NAME 11S. W/S DECASED EVER IN U. S. ARMED FORCES? (If year, give eye place of service) 11C. MATHER'S NAME 11S. W/S DECASED EVER IN U. S. ARMED FORCES? (If year, give eye place of service) 11C. MATHER'S NAME 11S. M/S DECASED EVER IN U. S. ARMED FORCES? (If year, give eye place of service) 11C. MATHER'S NAME 11C.	Mos.	
10. USIAL OCCUPATION (Givakndorf) 10. USIAL OCCUPATION (Givakndorf) 10. USIAL OCCUPATION (Givakndorf) 10. USIAL OCCUPATION (Givakndorf) 11. BIRTHAGE (Skale or toreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S NAIDEN NAME 15. W/S DECRASDE EVER IN U.S. ARMED FORCES? (Kyan (gor unknown)) 16. W/S DECRASDE EVER IN U.S. ARMED FORCES? (Kyan (gor unknown)) 17. NFORMANT 18. OCCUPATION DIRECTLY 18. OCCUPATION DIRECTLY 19. DISEASE OR CONDITION DIRECTLY 19. DISEASE OR CONDITION DIRECTLY 10. OTHER SIGNIFICANT CONDITIONS on the death of the complete flow which caused death, on the complete flow which caused death, on the complete flow which caused death on the mode of dynam of the complete flow which caused death on the complete flow of the complete flow which caused death on the complete flow of the complete flow which caused death on the complete flow of the complete flow which caused flow of the complete flow of the complete flow which caused death on the complete flow of the complete	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years It Under 1 Year It Under 24 Hours
INDUSTRY INTERVAL BATHER INTERVAL BATHE	MIN	8121/1882 70 11 23
15. WS DECEASED EVEN IN U. & ARNED FORCES! (A) SCURITY NO. 17. INFORMANT SCURITY NO. 12. INJURY OCCUR? 18.		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, giving RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? THE DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? THE DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 19. MAJOR FINDINGS OF OPERATION 21. WHERE DID 11. JURY OCCUR? WHILE AT NORK NOT WHILE 11. AT WORK NOT WHILE 11. AT WORK NOT WHILE 11. AT WORK NOT WHILE 23. AT WORK NOT WHILE 23. AT WORK 23. AT WORK 24. WHILE AT WORK 25. A	13. FATHER'S NAME Revalls.	14. MOTHER'S MAIDEN NAME POR SOLO DE COMO DE
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, giving RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? THE DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? THE DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 19. MAJOR FINDINGS OF OPERATION 21. WHERE DID 11. JURY OCCUR? WHILE AT NORK NOT WHILE 11. AT WORK NOT WHILE 11. AT WORK NOT WHILE 11. AT WORK NOT WHILE 23. AT WORK NOT WHILE 23. AT WORK 23. AT WORK 24. WHILE AT WORK 25. A	15. Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wat or dates of service) SECURITY NO	17. NFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (G) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OFFIN BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 2016 THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 2016 THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 21C. WHERE DID INJURY OCCUR? 21A, ACCIDENT WAS UNDER. Lyng or Contributing Myllhome, farm, llyfary, street, officeholds, etc.) INJURY OCCUR? 21A, ACCIDENT WAS UNDER. Lyng or Contributing Myllhome, farm, llyfary, street, officeholds, etc.) INJURY OCCUR? 21A, ACCIDENT WAS UNDER. Lyng or Contributing Myllhome, farm, llyfary, street, officeholds, etc.) INJURY OCCUR? 21A, ACCIDENT WAS UNDER. Lyng or Contributing Myllhome, farm, llyfary, street, officeholds, etc.) INJURY OCCUR? 21A, ACCIDENT WAS UNDER. Lyng or Contributing Myllhome, farm, llyfary, street, officeholds, etc.) INJURY OCCUR? 21A, ACCIDENT WAS UNDER. Lyng or Contributing Myllhome, farm, llyfary, street, officeholds, etc.) INJURY OCCUR? 21A, ACCIDENT WAS UNDER. Lyng or Contributing Myllhome, farm, llyfary, street, officeholds, etc.) INJURY OCCUR? 21A, ACCIDENT WAS UNDER. Lyng or Contributing Myllhome, farm, llyfary, street, officeholds, etc.) INJURY OCCUR? 21B, LACE OF INJURY OCCUR? 21C, NAME OF CEMETERY OR CREMATORY 24C. LOCATION (City, town, or county) (State) Myllhome, or Contributing Myllhome, or Contributing Myllhome, or Contributing Myllhome, or Contributing Myllhome, farm, llyfary, street, officeholds, etc.) INJURY OCCUR? 22C, LAUTOSSY	Harry C. Key nolds Jr. Juscentown.	
LEADING TO DEATH (This does not meen the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A DATE OF OPERATION 1988 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21. ACCIDENT WAS UNDER. About home, farm, flavory, street, office hidg., etc.) ANTECEDENT WAS UNDER. About home, farm, flavory, street, office hidg., etc.) ADTECTION OF THE DISEASE OF CONDITION CAUSING IT. 19A DATE OF OPERATION 1988 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21. ACCIDENT WAS UNDER. About home, farm, flavory, street, office hidg., etc.) ANTIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCUR? NJURY 22. I hereby certify that I attended the deceased from AT WORK AT		DE DEATH
Note the properties of the date stated above. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 194 DATE OF OPERATION 195 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 221A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING but home, farm, flustry, street, office bldg.etc.) CAUSE OF DEATH 221A. INTER (Month) (Day) (Year) (Hour) 21E. INJURY (O. g., in nr 21C, WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? NUMBER OF DEATH 221A. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NUMBER OF DEATH 222 I hereby certify that I attended the deceased from 37 WORK AT WORK 23A. SIGNATURE 23C. DATE SIGNED 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED STATES AND	LEADING TO DEATH	reminara d Atonach 3 ms.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DISEASE OR CONDITION CONTRIBUTION TO THE DISEASE OR CONTRIBUT	heart fuilure, asthenia, etc. It means the disease,	
19a DATE OF OPERATION 19b MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, flexory, street, office hidg., etc.) TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED NOT WHILE MORK	ANTECEDENT CAUSES	0 1 00 0 8 8 6 6
19a DATE OF OPERATION 19b MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, flexory, street, office hidg., etc.) TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED NOT WHILE MORK	O DISEASES OR CONDITIONS, IF ANY, GIVING	May les averages prospers 6 184)
19a DATE OF OPERATION 19b MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, flexory, street, office hidg., etc.) TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED NOT WHILE MORK	UNDERLYING CONDITION LAST.	
19a DATE OF OPERATION 19b MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, flexory, street, office hidg., etc.) TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED NOT WHILE MORK	ŽL II	
19a DATE OF OPERATION 19b MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, flexory, street, office hidg., etc.) TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED NOT WHILE MORK	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
22. I hereby certify that I attended the deceased from \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 19A DATE OF OPERATION 19B MAJOR FINDINGS OF OPE	
22. I hereby certify that I attended the deceased from \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	21A. ACCIDENT WAS UNDER- AB. PLACE OF INJURY (o. g.,	in nr 21C. WHERE DID (If in Baltimore City, give exact location)
22. I hereby certify that I attended the deceased from \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	LYING OR CONTRIBUTING CAUSE OF DEATH	INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8 4 , 1953to 8/6, 195, that I last saw the deceased alive on 8/5, 1953, and that death occurred att2:424m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMAN 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) St. Peters & Peter	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	
deceased alive on 8/15, 19.53, and that death occurred atl2:424m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24C. NAME OF CEMETERY OF CREMATORY 24O. LOCATION (City, town, or county) St. Peters 24C. NAME OF CEMETERY OF CREMATORY 24O. LOCATION (City, town, or county) St. Peters 24C. NAME OF CEMETERY OF CREMATORY 24O. LOCATION (City, town, or county) 34C. NAME OF CEMETERY OF CREMATORY 24O. LOCATION (City, town, or county) 34C. NAME OF CEMETERY OF CREMATORY 24O. LOCATION (City, town, or county)	m. WORK AT WORK	
23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMAN 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24O. LOCATION (City, town, or county) St. Peters leveling Queenlow, Md.		red at 2:42 Am., from the causes and on the date stated above.
24a. BURIAL, CREMAY 24B. DATE 24c. NAME OF CEMETERY OF CREMATORY 34o. LOCATION (City, town, or county) St. Peters leveling Greenston, Md.		
Burial / IT. Peters anday queentown, ma.	24A. BURIAL, CREMAN 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 2/40. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS	Bural / St. Peters	full full former 1 100.
LOCAL REGISTRAR antington & 15 & W. John D. William - Later, Mrs.		John D. William - Easten, 1881.
VS 150 49.63	VS 150	63

1. NAME OF DECEASED (Type or Print)

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Joseph Blimline

53 7319

Registered No.

2. DATE OF Aug. 14, 1953

3.	PLACE OF D	EATH:				NCE (Where deceased lived	
		City, Maryland	l on impaidus	ion, give street address or	A. STATE	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR	OF (II not in nospita	ii or institut	location)	c. CITY OR TOWN	(If outside corporate/)	imits, write RURAL and give
IN	ISTITUTION	(// ball Panlas	Canage	S+	Baltimore	//	township)
	14	17 Popla:	. Grave	Yrs.	D. STREET ADDRE		
6	ingth of s	tar in Paltimona		Mos.			
	SEX	tay in Baltimore	7 SINGL	Days Days	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours
		est .	WIDOW	/ED, DIVORCED (Specify)	10/27/187	last birthday)	Months Days Hours Min.
10	M. USUAL OC	CUPATION (Give kind of	IOB. KINE	OF BUSINESS OR		tate or foreign country)	12. CITIZEN OF
rorl	done during most	of working life, even if retired)		INDUSTRY	Baltimer		WHAT COUNTRY
13	Theat		300	Retired	14. MOTHER'S MA	NA CONTRACTOR OF THE CONTRACTO	0.000
		AUN'E					
		ahem Blimline			Annie Al	.len	
(Ye	s, no or nnknown)	ED EVER IN U.S. ARMED (If yos, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	NO			Mrs. Bernar	rd Blimline 2857	W. Lanvale
	18. 42/	η. Λ	March.	CAUSE	OF DEATH		INTERVAL BETWEEN
	1 20 1	SE OR CONDITION	DIRECTLY	O A	A - 1	11 7 11,	ONSET AND DEATH
п	(This does	LEADING TO DEAT not mean the mode o	H f dying, e, s	, whe	rioclerolic	Heart Dise	ise years
	heart failt	re, asthenia, etc. It mea	ns the diseas	e,		Mr. 0 + 0 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +	V
ij	,			, 502 10	NAME OF TAXABLE		
		ANTECEDENT CAUS	ES		NICHOS	- Porasia	Gean
0	DISEASE	S OR CONDITIONS, IF	ANY, GIVIN	(自)			
Ē	RISE TO T	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	HE DUE TO			U
C				(C)			***************************************
ERTIFICATION		- 11					
R	OTHER S	SIGNIFICANT CONDI	TIONS CON	4-			
CE	TO THE D	TO THE DEATH, BUT	CAUSING I	T		***************************************	
	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
A							YES NO
EDICAL	21A. ACCIE	ENT WAS UNDER		ACE OF INJURY (e. g., i			ty, give exact location)
	CAUSE OF		about nome,	an m, accor y, street, o mee blug.,	INJURY OCCU	K.r	
Σ	TIME	(Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	INJURY			WHILE AT NOT WHILE			
	00 Y 1 Y		m.	WORK AT WORK	10 1 104	. 0. 14 .	55., .,, .
H		y certify that I att			10 4 19 47	· K	953 that I last saw the
П	23A. SIGNA	live on Live IT	., 1925.	and that death occur	3B. ADDRESS	from the causes and o	n the date stated above. 23c. DATE SIGNED
	234. 310144	The w	200	M. D.	65/NB	rentalan St	8/15/53
2	4A. BURIAL, ON, REMOVAL (S	CREMA: 248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, to	own, or county) (State)
TIC			3055			D-141	3/2
D	Burial ATE RECEIVE	Aug. 17.		Louden P	25. FUNERAL DIR	Baltimo:	re Md. ADDRESS
	CAL REGIST		June	187 1178 G	16 7 3		
1	1115 0		a story	THE LIVE TOOP	John T. Stan	sbury 2700 Edmo	ndson Ave.
	VS 150		0				

whoward the west, and fell the annual . as

VS 150

		DA	LTIMORE CITY U	ALTH DERAD	TMENT	03	7320
	E.	53 7320 BA	CERTIFICAT			Registered No.	1020
	BIS	RTH NO.	CERTIFICATI	E OF DEA			
		NAME OF DECEASED wype or Print)	hena to. 04	tchian		OF DEATH	13.1953
	Α.	PLACE OF DEATH: Baltimore City, Maryland	2 4	4. USUAL RESI	DENCE (Where	deceased lived, 103	titution residence before admission
	HO	FULL NAME OF (If not in hospital or institu		C. CITY OR TOW	N (If outsi	de corporate limits.	write RURAL and giv
.y.	IN	STITUTION JOHNS HOPKINS HOS		130	Stune	e /2	-O Stownship
legibly	C.	Length of stay in Baltimore 10 Yrs	Yrs. Mos. Days	D. STREET ADDI	RESS (If rural,	give location)	Le 24.
and 1		SEX G.COLOR OR RACE 7. SING	LE, MARRIED, WED, DIVORCED (Specify)			last birthday) Month	der I Yeat If Under 24 Hour has Days Hours Min
1	10		ID OF BUSINESS OR	Oct-10-1		38	2. CITIZEN OF
clearly	work	done during most of working life, even if retired)	INDUSTRY				WHAT COUNTRY
		Housewife At	Home	Darlingto	ALDEN NAME	10	.S.A.
death		Walter Wineste		Anns	a Ham		
of d	15	Walter Wingate , WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL		PKINS HOS	PITAL ADE	PRESS
causes o	(Y 08	(If yes, give war or dates of service)	SECURITY NO.	JOHNS HC	JPKINS NOS		
please write the	FICATION	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disc injury or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ase, (A) DUE TO	barach	noid	Kemorrh	
Physicians:	ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING TO THE				
	AL C	19A. DATE OF OPERATION 19B. CONE			PART I OR PA	WAS RELATED TO DEATH, ENTER IN ART II	20. AUTOPSY?
important.	EDIC	21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	18. PLACE OF INJURY ut home, farm, factory, street, office	(e. g., in or bldg., etc.) 21C. WH INJURY	ERE DID (If in OCCUR?	Baltimore City, g	ive exact location)
especially im	Σ	21D TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	W DID INJURY	OCCUR?	
ecia	1	22. I hereby certify that I attended th	e deceased from 8	, 19	\$3 to 8	13,195	that I last saw t
esp		deceased alive on 8 3, 195	Sand that death occu	rred at 8.10 Pr	n., from the co	auses and on the	date stated abov
10		23A. SIGNATURE THE WAS	AMEN YELD	OHNS HOPKIN			8/13/5
age	24 TIC	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24c. NAME OF CEMETE	ERY OR CREMATOR	Y 24D. LOCA	TION (City, town, or	r county) (State
orrect	I	Burial /8/16/53 /	Parlingto	on Cem.	Wins	ton-Salem	
OLL		ATE RECEIVED BY REGISTRAR'S SIGNA		25 FUNERAL D	RECTOR		Bully

and the second of the second o The second secon the part of the pa

VS 150

4-	20	0
53	7321	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	7321
4 1 37	

BI	RTH NO.			CERTIFICAT	E OF DE	ATH	Registered 1	No.
1. (T	NAME OF DE		Пож				2. DATE OF DEATH AUS-	14 1053
3.	PLACE OF DE	ATH:	a Haye			ESIDENCE (W	Where deceased lived, If	finstitution: residence
В.	FULL NAME C	ity, Maryland OF (If not in hospi	Balto tal or institut	tion, give street address o		Maryla	nd	before admissi
H	STITUTION			location	c. CITY OR	TOWN (II	outside corporate limit	ts, write RURAL and g
4		North Puls	ski S			altimor		-04
14	1	22 3 3 3 3 3		Yrs. Mos.	9005		rural, give location)	
		ay in Baltimore	7. SINGL	E. MARRIED.	8. DATE OF		pulaski St	It Under 1 Year H Under 24 H
			WIDOW	WED, DIVORCED (Specif	(y)		last birthday) Me	onths Days Hours M
10	A. USUAL OCC	UPATION (Give kind of	I 10B. KIND	rried	11. BIRTHPL	.19.93 ACE (State or fo	oreign country)	12. CITIZEN OF
work	Housewi	working life, even if retired.	At Ho	OMe		n S.C.		U.S.A.
13	. FATHER'S N		200	JIII O		'S MAIDEN NA	AME	
	Ephran	Haves	TOTAL		I	iza Ha	vs	
15 (Yes	. WAS DECEASE	EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMA	ANT	A	ADDRESS
l .	0				Amie Gi	beon 20	05 N.Pulas	
	18. 443				OF DEATH			ONSET AND DE
		OR CONDITION	TH	12.0		C	-13	7
	heart failur	not mean the mode e, asthenia, etc. It me	of dying, e. a ans the diseas	se,	puletin			•
		complication which		h.) DUE TO	heula	a due	iare	1
7		ANTECEDENT CAU	SES	(2)	1. 10 01 0	1	in	2
ATION	DISEASES	OR CONDITIONS,	IF ANY, GIVI	NG HE OUE TO	appear			
TA:	UNDERLY	ING CONDITION L	AST.	(C)	•			
FIC,				(0)				
RTI		III						
CEI	OISEASE OF	DEATH BUT NOT	G IT.	***************************************				
AL.	19A. DATE OF		19B. CONDI WAS PERFO	ORMED		PART I	TION WAS RELATED TO OF DEATH, ENTER OR PART II	IN YES NO
EDIC	OR CONTRIB	NT WAS UNDERLY UTING☐ CAUSE O FY MEDICAL EXAMIN	F about	B. PLACE OF INJURY t home, farm, factory, street, office		WHERE DID ((If in Baltimore City,	, give exact location)
Σ		Month) (Day) (Year) (Hour)	21E. INJURY OCCURE	RED 21F.	HOW DID IN.	JURY OCCUR?	
	OF INJURY	-	m.	WHILE AT NOT WE AT WO		10		
22. I hereby certify that I attended the deceased from day 1 1, 1953 to day 14, 1953 that I last saw deceased alive on day 14, 1953, and that death occurred at 5:30 m., from the causes and on the date stated abo								
	23A. SIGNAT			• 4	238. ADDRESS		0.00	23c. DATE SIGN
	Ci. Wa		m	M. O.	2301	Harle	OCATION (City, town	n, or county) (Sta
TI	4A. BURIAL, CON, REMOVAL (S	pecify)		24c. NAME OF CEMET	ERY OR CREMA	T- 135.00		1, or country (con
	rial	8/16/19		Union Cem.	1.25 FUNERA	Lake	eview S.C.	ADDRESS
	OCAL REGISTI		3 310	NI Balas My	= = C()== 0	o. Wilso	~1003	untty we

1105 454 185 act a spinished in a sent of The state of the s Foliation . 100 . Finaley A THE PARTY OF THE

BINDING

FOR

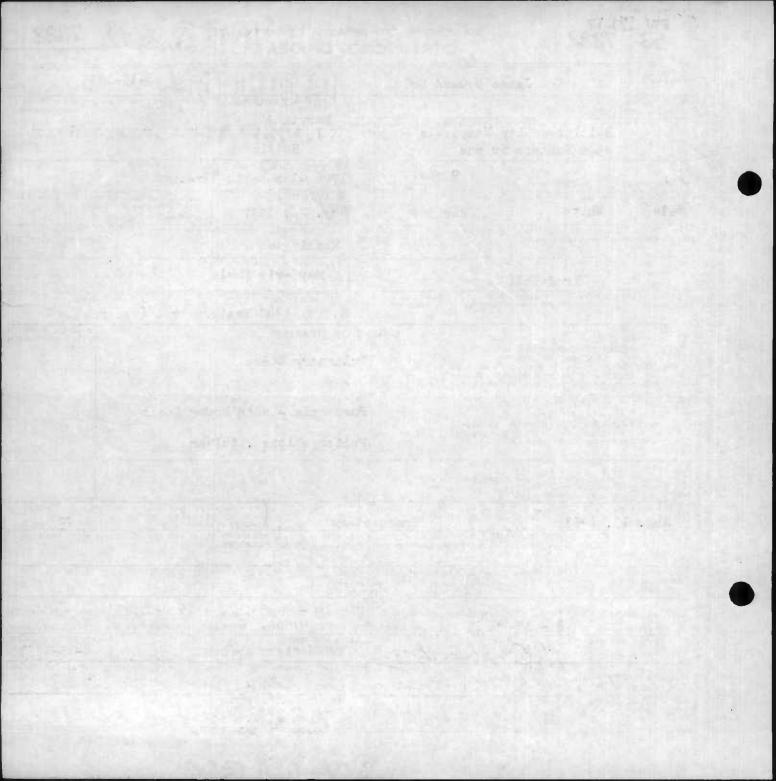
MARGIN RESERVED

The		
supplied.		
carefully	egibly.	
pe	nd 1	
should	early a	
information	s of death cl	
item of	he cause	
Every	write t	
INK.	please	
SE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The	t age is especially important. Physicians: please write the causes of death clearly and legibly.	
WITH	ortant.	
CAINLY,	ally impo	
F	peci	
WRITE	e is es	
SE	t ag	

LOCAL REGISTRAR

VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE 8-15-1953 (Type or Print) James Howard Holt OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution : residence A. Baltimore City, Maryland A. STATE Mary land B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location)
INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) Yrs. 9 mos. 1706 Glen Keith Blvd. #4 Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. Mala White Aug. 20, 1927 1GA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Washington 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marjorie Ennis Fred Holt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO B.C.H. 4940 Eastern Ave. (records) NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary Edema (This does not mean the mode of dying, e. g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Pneumonia - both Lower Lobes (B) .. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Poliomyelitis . Bulbar (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ü 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN WAS PERFORMED CAL Tracheotomy YES X Aug. 15. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WORK AT WORK 8 - 14 - 1953, to 8 - 15 - 19 53 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 8 - 15-, 19 53, and that death occurred at 4:30 Am., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 8-15-1953 4940 Eastern Avenue 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24D LOCATION (City, town, or county) 24B DATE Lower PLEA DATE RECEIVED BY ADDRESS



legibly.	
and	
clearly	
death	
of	
causes	
the	
rite	

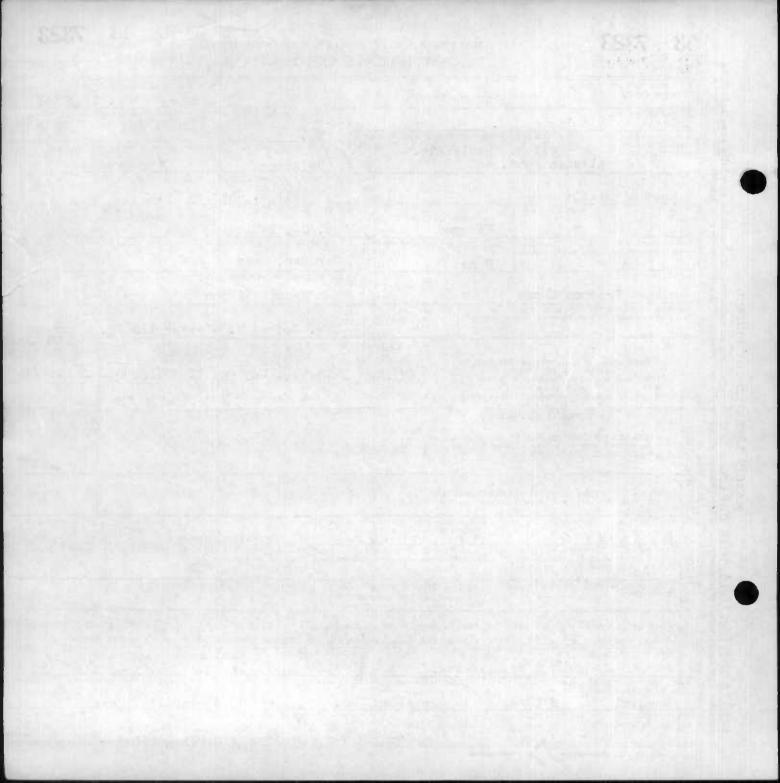
7323

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

03	132

0) 1 Cm	, (,	DAL	CERTIFICAT	F OF DEAT	r⊨ Register	ed No
BI	RTH NO.			CERTII ICAT	E OI DEA		
1. (T	NAME OF D					2. DATE OF	
			VORSE W	ASHBURN	U. A. LIGHAL BEGIN	DENCE (Where deceased live	Aug. 14, 1953
A.		City, Maryland			A. STATE	B. COUNT	
H	FULL NAME OSPITAL OR			ion, give street address or location)		N (If outside corporate	limits, write RURAL and give
IN	ISTITUTION	Allston Apt	. Charl	es St.		1 -	township)
6/	n)	Aliscon apc.	3. TOD	Yrs.	Baltimor	RESS (If rural, give location	(n)
C.	Length of s	tay in Baltimore		Mos. Days		. Charles St.	
5.	SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRT	TH 9. AGE (In year	rs h Under 1 Year h Under 24 Reurs
	F	W	Wido		Nov. 24. 18) Months Days Hours Min.
		CUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
WOF	Home	of working life, even if retired)	Home	INDUSTRY	Gardner, N	ass	USA USA
13	FATHER'S	NAME	1101119		14. MOTHER'S M		
	F	reeman Morse			Mannie	Wilson	
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS DA
,	To	(11 200) B110 W41 01 4410		No	Mr. Georg	e M. Glazier 11	6 St. Dunstans
	18. 155	/		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION		State of the last			- 1/ 1.
	(This does	LEADING TO DEAT		a Caren	come of Port	tel Duret 5 hul	alon 5/2/100
	heart failu	re, asthenia, etc. It mea	ns the diseas	se,	0	affect Tyn	44
	vagary or	ANTECEDENT CAUS		,0	the state of the s	Velse	7^
z				(B)			
은	RISE TO T	S OR CONDITIONS, IN THE ABOVE CAUSE (A)	STATING TI				
RTIFICATION	UNDERLY	YING CONDITION LA	ST.	(C)		***************************************	
E							
E	OTHER SIG	II SNIFICANT CONOITIONS	CONTRIBU	JTING			
lil.		DEATH BUT NOT I		THE .	***************************************		
L	19A. DATE C	F OPERATION 1	9B, CONDI	TION FOR WHICH OF		IF OPERATION WAS RELATED	ER IN
M	214 ACCIDI	FNT WAS LINDERLY	NGDI 216	PLACE OF INJURY		PART I OR PART II ERE DID (If in Baltimore	City give exact location)
EDIC	OR CONTRIE	ENT WAS UNDERLY! BUTING CAUSE OF	about	home, farm, factory, street, office			
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOV	V DID INJURY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHI			
	22 I harah	y certify that I att	anded the	desagged from 1	195	52 to august 14	1953 that I last saw the
		live on Gue 14	19/2	and that death occu	rredait 5 300 m		on the date stated above.
	23A. SLGNA		, 103-3-,	3	23B. ADDRESS	- a a & n A	. 23c. DATE SIGNED
	W.	Grotton)	eraper.	M.O.	2-14 hul	real all Bull	Jun 8/15/53
2 TI	4A. BURIAL, ON, REMOVAL (S	CREMA. 24B. DATE	V	24c. NAME OF CEMETE	ERY OR CREMATOR	Y 240, LOCATION (City,	town, or county) (State)
_	Removal	8/17/	53	Greenlewn Co		The second secon	
	ATE RECEIVE		SSIGNATI	JRE	25 FUNERAL D		ADDRESS
11 -"	VILLE	1023	The Low	L WHILLIAME, I	Am. O. Ticke	esse los Por	II. mid



y-233 53 7324

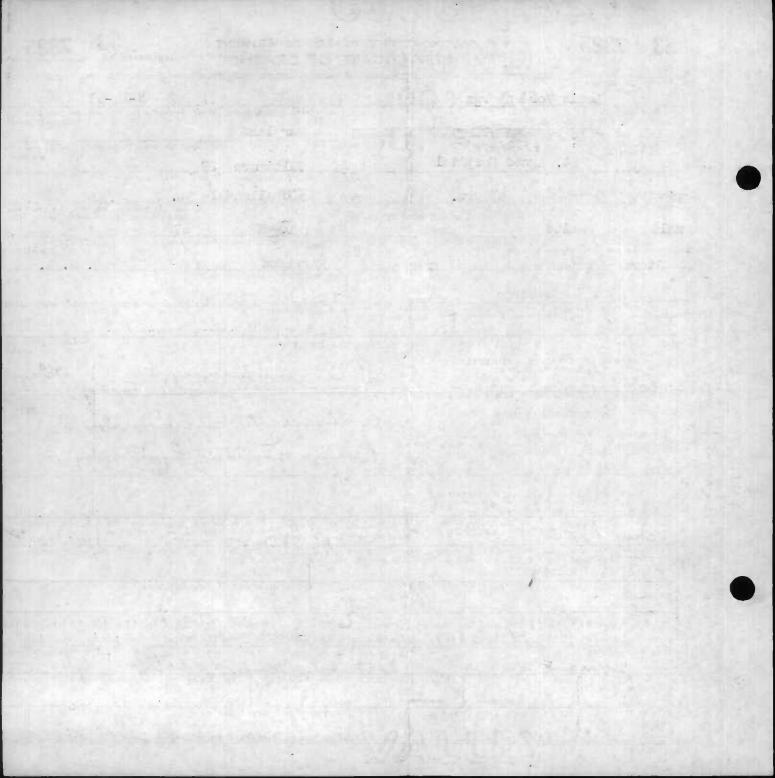
53 7324 BAI	CERTIFICATI	E OF DEATH	Registered No_	7324
I. NAME OF DECEASED (Type or Print)			2. DATE OF	
S. PLACE OF DEATH: A. Baltimore City, Maryland	WARD YESTA	4. USUAL RESIDENCE (W		titution: residence before admission
B. FULL NAME OF (If not in hospital or institut HOSPITAL OR	tion, give street address or location)	MARYLAND	outside corporate limits, w	
MERCY HOSPITAL		BALTIMORE	7-0	township
c. Sength of stay in Baltimore 58	Yrs.	D. STREET ADDRESS (If:		
5. SEX 6. COLOR OR RACE 7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		or 1 Year Under 24 Hours s: Days Hours: Min.
IOA. USUAL OCCUPATION (Givekinder) 108, KIND	O OF BUSINESS OR	10/22/94 11. BIRTHPLACE (State or fo	58	CITIZEN OF
ork done during most of working life, even if retired)	INDUSTRY	MARYLAND	12	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
GEORGE YESTADT 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	1.10.000111	ELIZABETH	6000	
Yes, no or nnknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT VIFE	ADDI	RESS AS ABOVES
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e., heart failure, asthenia, etc. It means the diseas injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.	(B)	ACRANIAL HEN	10CRHASE	3 0148
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I	D			.}
194. DATE OF OPERATION 198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
	ACE OF INJURY (e. g., in farm, fectory, street, office bldg., e		f in Baltimore City, give	exact location)
TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the deceased alive on 8/15, 1953,		//2 , 19.53, to	8/15, 1953, the causes and on the c	
Garry S. Hee	hr M.D. 2	3B. ADDRESS Mercy Ho		3c. DATE SIGNED 8/15/53
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify) BURIAL 8. 19. 53	24C. NAME OF CEMETER LOUDON PK		LTO MA	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE OF THE PROPERTY OF THE	WHI AYUN- M	125. FUNERAL DIRECTOR	C, A	to md

VS 150

2903A

	V	1-635	
The	BI	. 11 2	TE OF DEATH Registered No. 7325
E	1.	NAME OF DECEASED	2. DATE
ed.	(T	Type or Print) Louis Vordenberge (Middle I	nitial "M") DEATH 8-14-53
Every item of information should be carefully supplied vrite the causes of death clearly and legibly.	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
lly sı	H	FULL NAME OF (If not in hospital or institution, give street address location and the street address location still street address location street add	
bly.	7	St. Agues Hospital	Baltimore 29 D. STREET ADDRESS (If rural, give location)
car	1	Length of stay in Baltimore 87 yrs. Mos	F00 -11 1-1 - 01
pe ud	-	. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Speci	8. DATE OF BIRTH 9. AGE (In years Il Under Year If Under 24 Hours
uld y a	m	nale White Widowed	Aug. 19. 1865 87
sho	10 worl	DA. USUAL OCCUPATION (Give kind of log, KIND OF BUSINESS OR k done doring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
on		Store - Partner Saddlery - Retail	Maryland Beltimore U. S. A.
ath	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
dea	-	Mm. Vordemberge	? Nieman
info	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL, so, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 816 Madison Ave
of	-	No 13	Mr. Howard M. Vordemberge
eau			OF DEATH
ite		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	mal insufficiency = I sdays
ery te t		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	nat many comp
Ever		injury or complication which caused death.) DUE TO	John Mary Mary
	-	ANTECEDENT CAUSES	vienoscherotie carolis vargular of
INK.	Ö	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
7. C.	AT	UNDERLYING CONDITION LAST.	enign prostate hypertrophy
DIN	F		
UNFADING INK. Physicians: please	ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	U	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH	OPERATION A IF OPERATION WAS RELATED TO 20. AUTOPSY?
It u	AL	ang 10, 53 WAS PERFORMED Prostole	LIGHT LANGE OF DEATH, ENTER IN YES NO PART II
PLEASE WRITE PLAINLY, WITH correct age is especially important.	EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(a.g., ih or 21C. WHERE DID (If in Baitimore City, give exact location) localidg., etc.)
AINE lly im	Z	21D TIME (Month) (Day) (Year) (Hour) 2 E. INJURY OCCUR OF INJURY WHILE AT NOT W	
orial cial			Que 10, 1953 to Oug 14, 195 Sthat I last saw the
E I		I hereby certify that I attended the deceased from	urred at 3:10 Pm., from the causes and on the date stated above
S e		23A. SIGNATURE	238. ADDRESS 23C. DATE SYGNED
WI		James & Rowe St. M.D.	It agues Hospilal 8/14/53
age	2. TI	4A. BURINI, CREMA- 24B. DATE 246 NAME OF CEME ON, REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
ect		Burial 8/17/53 Druid Rid	
PLI		ATE RECEIVED BY COLOR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS

LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 6 3. PLACE OF DEATH: 4. USUA RESIDENCE (Where deceased lived. I institution : residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. Mos. c. Length of stay in Baltimore 60 envery (C Days 7. SINGLE, MARRIED 6. COLOR OR RACE 5. SEX AGE (in years | H Under 1 Year | H Under 24 Hours last birthday) | Months; Days | Hours | Min. WIDOWED DIVORCED (Specify) Laower 10A. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY selov 13. FATHER'S NAME MAIDEN NAME ENNUN 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, uo or uokoown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, uo or uokoown) SECURITY NO. 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER

LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NJURY NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from deceased alive on 19.5 and that death occurred at 234. SIGNATURE

BURIAL, CREMA 24B. DATE

REGISTRAR'S SIGNATURE

24c. NAME OF CEMETERY

21c. WHERE DID

INJURY OCCUR?

OR CREMATORY

240. LOCATION (City, town, or county)

19_

m., from the causes and on the date stated above.

(If in Baltimore City, give exact location)

(State)

_, that I last saw the

280 DATE SIGNED

20. AUTOPSY

YES

FUNERAL DIRECTOR

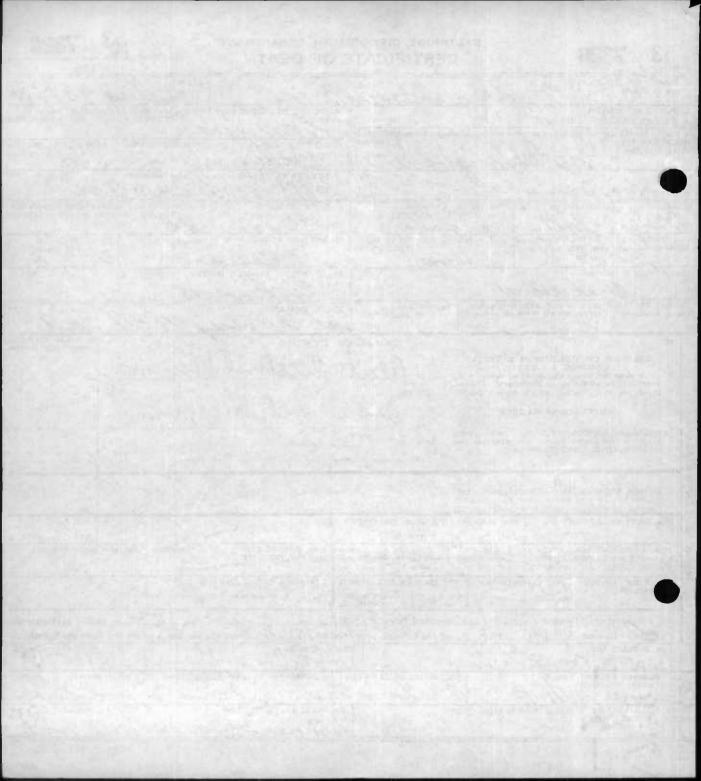
21F. HOW DID INJURY OCCUR?

VS 150

LOCAL REGISTRAR

TION REMOVAL (Specify) xural DATE RECEIVED BY

MEDICAL



	1	53 7327 BALTIMORE CITY HE CERTIFICATE		Registered No. 7327
The	1.	NAME OF DECEASED	E OF BEATH	2. DATE 0F 10.63
supplied.	3. A. B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location)	A. STATE	DEATH ASC. 15, 193 ere dcceased lived, If institution: residence B. COUNTY before admission) utside corporate limits, write RURAL and give
carefully egibly.		STITUTION) (PA) (+3)P'	Bactimore	township)
p==0	-	Length of stay in Baltimore SEX 6. COLOR DR RACE 7. SINGLE MARRIED.	4407 Liberty	9. AGE (In years) If Under 1 Year If Under 24 Hours
ld		F WIDOWED, DIVORCED (Specify)	11. BIRTHPLACE (State or for	last orthday) Months Days Hours Min.
	worl	A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR INDUSTRY Ouce UT 12	Russia	WHAT_COUNTRY?
IDING information of death cl	13	Wot Known	14. MOTHER'S MAIDEN NAM	ME
BINDIN of infor		(If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	TOWER LOSEN	ADDRESS
FOR y item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A) DUE TO	OF STOMAC	H 9 MO.
RESEI INK. please	ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
MARGIN UNFADING Physicians:	ERTIFI	DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H	AL C	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE OF PART I OF	
ILY, WITH important.	EDIC	21a. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office	e. g., in or 21c. WHERE DID (I. bldg., etc.) INJURY OCCUR?	f in Baltimore City, give exact location)
LAINLY,	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI OF INJURY MILE AT NOT WHILE M. WORK NOT WHILE	LE C	RY OCCUR?
TE PI especie		deceased glive on \$15, 1953, and that death occur	rred at 12, to_m., from th	e causes and on the date stated above
WRI'		1 pord Jolub M.O.	23B. ADDRESS .	23c. DATE SIGNED
PLEASE WRITE P.	TI	Lucial 8-16-53 Herreny	8 Kun	Hatte, ma
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS A

VS 150

. . .

1	41	90	>	TIMORE CITY HE			Pagist	53 ered No.	7328
В	RTH NO.	2849-089	68	CERTIFICAT	E OF DEA	TH		ered No.	
1. (T	NAME OF D	BARR	V	ZILBER			2. DATE OF DEATH	8114	153
A.		EATH: City, Maryland			4. USUAL RES	IDENCE (W			titution : residence before admission
H	OSPITAL OR	OF (If not in hospital	al or institut	ion, give street address or location)	c. CITY OR TO	WN (If	outside corpora	te limits, u	rite RURAL and g
11/	SINAL	HOSPITAL OF	BALT	Inde INC	BA		TORE	27	Lownsh
4	henoth of s	tay in Baltimore		Yrs. Mos. Days	J. STREET ADI	DRESS (If	Regate	ion)	mare
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIL	RTHU	9 GE (In ye		er I Year If Under 24 Hours Mi
		CUPATION (Give kind of working life, even if retired)	10B. KINI	O OF BUSINESS OR	11. BIRTHPLAC	E (State or fo	oreign country)	12	CITIZEN OF WHAT COUNTS
	B. FATHER'S N				14. MOTHER'S	-1 MO1			
1-	RAY	MOND			BET	TY	Troo.	len	2
15 (Ye	5. WAS DECEASI	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN	T	June	ADD	RESS Zoral
, , ,	, 10 or 02220way	(***	, , , , , , , , , , , , , , , , , , , ,	SECORITI NO.	55	08 h	+16-HG	ATR	DRIVE-
FICATION	RISE TO T	ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVII STATING T	NG HE DUE TO	PHATIC				- 11
ERTI	TO THE	NIFICANT CONDITIONS DEATH BUT NOT I	RELATED T						
AL D		F OPERATION 1	9B. COND /AS PERFO			PART I	TION WAS REL OF DEATH, EN	ITER IN	YES NO
IEDIC	OR CONTRIB	ENT WAS UNDERLYIBUTING CAUSE OF THE MEDICAL EXAMINE	about	3. PLACE OF INJURY home, farm, factory, street, office	e.g., in or 21c. Wi bldg., etc.) INJURY	HERE DID	(If in Baltimor	e City, giv	ve exact location)
2	OF INJURY	Month) (Day) (Year)	nı.	21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE C		JURY OCCUR1		
	deceased a	live on 8114	ended the	deceased from 8	rred at IIA	m., from t	the causes an	d on the	that I last saw date stated abo 23c. DATE SIGNI
	23A, SIGNA	elbert D	. Ban	ky M.D.	School School	Hosp	Telos Be	et.h	8/14/
2	AN. BURIAL, COLLAD		10	240 NAME OF CEMETE	THE TAL	RY 240/L	OCATION GO	elto	Ma
L	ATE RECEIVE		SSIGNAT	LA CANA	acto de	PIRECTOR/	k 210	06	etau /
	NVS 150	-00W	0	()	1				

		53 7220	BALTIMORE CITY H			3 7320
The		53 7329 IRTH NO.	CERTIFICAT	E OF DEATH		10
	(T	NAME OF DECEASED Ch	arles tr	anul	2. DATE OF DEATH	15,1953
carefully supplied.	А.	Baltimore City, Maryland	r institution, give street didress o	rid.	B. COUNTY	before admission
efully oly.		NSTITUTION		2 al	time or line to for a te film to the time of time of time of the time of time	township
0)	C:	Length of stay in Baltimore	Life Moor	5/21	Marcios	es ave
ar	2	Vale White	WINGLE, MARRIDO WINGWED, DIVORCED (Speify	6-27-		t Under 1 Year H Under 24 New Ouths Days Hours Mir
	3	WUAL OCCUPATION (Give kind of the following most of working life, even first red)	DB. KIND OF BUSINESS OR INDUSTRY		see Md	12. CITIZEN OF WHAT COUNTRY
ation	13	Wraham		14. MOTHER'S MAIL	DEN NAME	
BINDING of inform uses of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FO	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOP	KINS HOSPITAL A	DDRESS
FOR y item		18. 204, 2 DISEASE OR CONDITION DIF LEADING TO DEATH (This does not mean the mode of d heart failure, asthenia, etc. It means t injury or complication which caus	ying, e.g., (A) A cut	OF DEATH	Elwheni	INTERVAL BETWEE
RESEI FINK.	FICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AIR RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	ATING THE DUE TO			
MARGIN INFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING IT	ATED TO THE			
H .	AL	19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH OF PERFORMED	CA	OPERATION WAS RELATED T USE OF DEATH, ENTER I ART I OR PART II	
0	1EDIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY about home, farm, factory, street, office	(e. g., in or a bidg., etc.) 21C. WHERE INJURY OCC	DID (If in Baltimore City, CUR?	give exact location)
PLAINLY,	Σ	21D TIME (Month) (Day) (Year) (Ho	DUE) 21E. INJURY OCCURE WHILE AT NOT WH WORK AT WO	ILE	ID INJURY OCCUR?	
~		22. I hereby certify that I attended deceased alive on \$ -1.5.	ded the deceased from	- (1~ 1953	to 8 - 15-, 195	Ahat I last saw to
WRIT e is e		23 A SIGNATURE 2.		JOHNS HOPKIN		7-/5-53
PLEASE WRITE correct age is esp	2.	BURIAL, CREMA- 24B. DATE OI. REMOVAL (Sprify) 8-16-	3 24c. NAME OF CEMENT	PRY OR CREMATORY	24D. LOCATION (City, town	or county). (State
PLE.	DL	OCAL REGISTRAR'S S	IGNATURE /	FUNERAL DIRECTOR	COTOR ZIOO	ADDRESS &
	=	VS 150		0736L		
	1734	72-2-72	the same of the sa	A TAILO IN CONTRACTOR OF THE PARTY OF THE PA	A THE RESERVE AND A STREET OF PARTY AND ADDRESS OF THE PARTY AND ADDRES	The state of the s

THE DESIGNATION OF STREET OF STREET OF STREET Allert Control of Control MARGIN RESERVED FOR BINDING

11/	16.200	
	52 7330 BALTIMORE CITY H	EALTH DEPARTMENT 53 7330
	CERTIFICAT	E OF DEATH Registered No.
1		2. DATE
('	Type or Print) Patricia Ann Ranch	OF P/14/53
	B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
В.	B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland BAITA
11	NSTITUTION University Hospital	R IL:
legibly.	Yrs.	D. STREET ADDRESS (If rural, give location)
	E. Length of stay in Baltimore Life Mos. Days	1819 Summit Ave. (24)
8 6	emale 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours Months Days Hours Min
D 10	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
row less	industry most of working fife, even if retired)	
g 1:	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
s of death clearly	Lawrence Kanch	MURIEL Scoon
O (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
- Se	No ######## NONE	Parents Jame
the cau		OF DEATH
the	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., (A) Acute	Lymphotic Leukemia 5 mos
write	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
W	ANTECEDENT CAUSES	
ON	(B)	
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
FIC.	(C)	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
CER	TO THE DEATH BUT NOT RELATED TO THE	
	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO 20. AUTOPSY?
CA		(a.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
MEDICAL	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)	bldg, etc.) !NJURY OCCUR?
MI M		ED 21F, HOW DID INJURY OCCUR?
TII À	OF INJURY MHILE AT NOT WHI TO WORK AT WOR	LE
especiality	22. I hereby certify that I attended the deceased from Own	19. 3 1953 to aug. 14 1953 that I last saw th
esp	deceased alive on ling. 14, 1953, and that death occur	rred at 11 2 Am., from the causes and on the date stated above
correct age 1s est	TAPE DI AMARIA	23B. ADDRESS Hospital 23C. DATE SIGNED
2	4A. BURIAL, CREMA- 24B. DATE LAC. NAME OF CEMETE	
loa I	BURIAL AUG: 17:53 LOUDON PAR	K CEMETERY BALTIMORE MARYLAND
D	OATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	CITY THE PARTY OF	to the Manhouse of the

Muriel

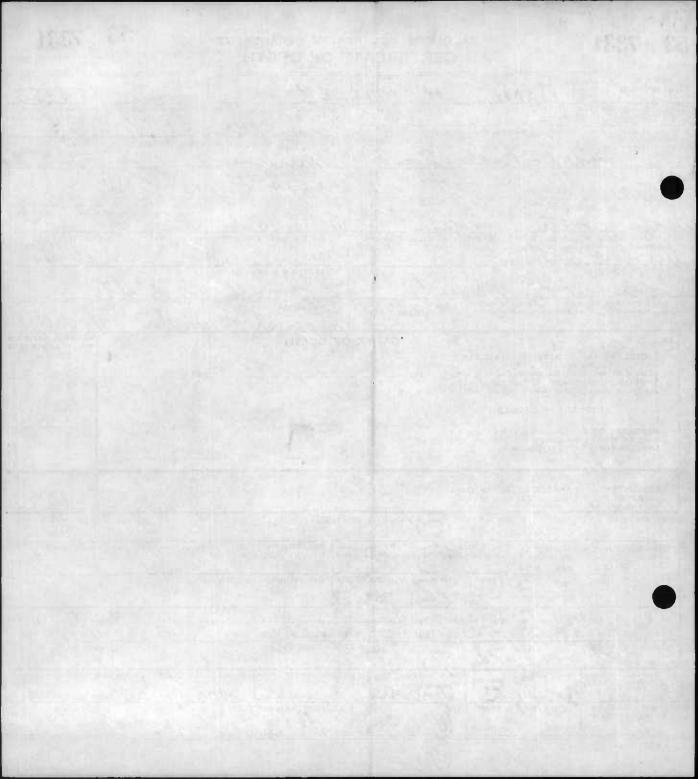
M-460 53 7331

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7331

Registered No.

BIRTH NO.	L OI DEATH
1. NAME OF DECEASED (Type or Print) JAMES H. MIL	LER. 2. DATE OF DEATH LUG 13 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived A institution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION HHILL F. Ola, Ray D	(11 outside corporate filmits, write RURAL and give
Yrs.	D. STREET ADDRESS (M rural, give location)
c high of stay in Baltimore Life Days	4414 stalle Road.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDSWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Union I Year In Under 24 Hours I last birthday) Months: Days Hours Min.
male white single	0018, 1810 82
10A. USUAL OCCUPATION (Give kind of 10B. KING OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Mayland. 'U. J.
Some of miglant	EN-ATT TO BOLT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	7. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Federick St. Miller-4414 Falle Rd
18. 4201 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	rowny Occlesion 1 hr.
injury or complication which caused death.) DUE TO	
Z ANTECEDENT CAUSES	men heart desince 10 cf.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
LINDERI VING CONDITION LAST	
C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	oto.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE TO NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	- , 1943, to any 13, 1957, that I last saw the
deceased alive on cary 12, 19 53 and that death occur	
louded tallaction M.D.	238. ADDRESS 23c. DATE SIGNED 848 W. 36 2 SY 8-15-13
24A. BURIAL, CREMA- TION BEMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY RECONTRAC'S SIGNATURE	Hampdere 3900 Noland live md.
LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
- 5461 6 P. 671	wellow 6. Nonovant 3818/Johney live
Vs 150	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE JOHN HOWARD (Type or Print) RITTNER DEATH AUG. 13. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give OCTOR'S INSTITUTION HOSP. township) LTIMORE (If rural, give location) D. STREET ADDRESS IFEYrs. Mos. ngth of stay in Baltimore S. TOLNA Days 6. COLOR OR RACE 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours last birthday) | Months; Days | Hours; Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) WHITE MARRIED 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTR' WHAT COUNTRY WELDER STEEL CO 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO 5-03-4371 18. DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO

UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21c. WHERE DID

21B, PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

NOT WHILE

WHILE AT WORK AT WORK

198. MAJOR FINDINGS OF OPERATION

22. I hereby eertify that I attended the deceased from.

and that death occurred at deceased alive on. 19_

23A. SIGNATURE

24A. BURIAL, CREMA-

DATE RECEIVED BY REGISTRAR'S SIGNATURE

19A. DATE OF OPERATION

CAUSE OF DEATH

INJURY

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour)

EDICAL

LOCAL REGISTRAR VS 150 (00)

AURIAL

T. STANISLAUS, CEM

25 FUNERAL DIRECTOR

INJURY OCCUR?

15,19__, to_

21F. HOW DID INJURY OCCUR?

240, LOCATION (City, town, or county)

P.m., from the causes and on the date stated above.

23c. DATE SIGNED

., 19___, that I last saw the

20. AUTOPSY

(If In Baltimore City, give exact location)

A CHELLINE THE

G - -15

		4.1 44 5 1 . 37 4 77	hich have been correc	, oca,
	were placed there by	the Melchor Nursing H	ome. (W.B. Bradley446.)
	53 7333	CERTIFICATE OF DE	and a change of the	7222
The	BIRTH NO.	CERTIFICATE OF DE	AIH 555	000
	1. NAME OF DECEASED (Type or Print)		2. DATE OF	2 10.03
ed.	MARY JA	NE GIVENS	DEATH /70 G	3,175
ildu	3. PLACE OF DEATH: A. Baltimore City, Maryland	À. STATE	ESIDENCE (Where deceased lived, If instituti B. COUNTY	on : residence pefore admission)
ins	. FULL NAME OF (If not in hospital or in	stitution, give street address or MD		
lly	MOSPITAL OR	location) C. CITY OR T	rown (If outside corporate limits, write	RURAL and give township)
eful oly.	10/e/c/toR /YURSING	Home - BAL 1 Yrs. 10. STREET A	DDRESS (If rural, give location)	
carefully supplied.	X60.	7 / 100 Mos. 1 222	O P. ID PARK	120101
print	5. SEX 6. COLOR OF RACE V. SI	NGLE MARRIED. X8. DATE OF E	BIRTH Q. AGE (In years) If Under I Ye	
ar		IDOWED, DIVORCED (Specify)	last birthday) Months Da	
should sarly ar	NOA. USUAL OCCUPATION (Give kind of NOB.	KIND OF BUSINESS OR XI. BIRTHPL	ACE (State or foreign country) 1X2. CI	TIZEN OF
	work done during most of working life, even if retired)	INDUSTRY	WE	HAT COUNTRY?
ion h cl	X3. FATHER'S NAME	Mana Japan	S MAIDEN NAME A A 2 V	USA.
information s of death cl	7 2 0 10	HENKY	11/1/17	1011
orn	5. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? ING. SOCIAL X7 INFORMA	CONTRACTOR WALLEN	OKK
info s of	(Yes, no or unknown) (If yes, give war or dates of servi	ice) SECURITY NO. 7, INFORMA	ADDRES	Xn
of	7150	TONE LEDNE	KLEIN 1201 HM	ERVAL BETWEEN
item ne cau		67-6383 CAUSE OF DEATH		SET AND DEATH
it	DISEASE OR CONDITION DIRECT		A DE RIGHT	1 1 4 1 by 4 mm 2 1
ery te t	(This does not mean the mode of dying heart failure, asthenia, etc. It means the	g, e. g., (A) CAN BREAST	A OF RIGHT WITH METASTASE	
Every ite	injury or complication which caused	death.) DUE TO		
3	ANTECEDENT CAUSES		KONTUR, STATE	
INK. please	O DISEASES OR CONDITIONS, IF ANY,			
d la	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	NG THE DUE TO		
IN IN	O UNDERLYING CONDITION LAST.	(C)		
ADING icians:	CONTRACTOR OF THE DEATH BUT NOT BELATE			
4	OTHER SIGNIFICANT CONDITIONS CONT			
N. S.	I I I I I I I I I I I I I I I I I I I			
UNFADING Physicians:	DISEASE OR CONDITION CAUSING IT.			. AUTOPSY?
H	D DISEASE OR CONDITION CAUSING IT.	ONDITION FOR WHICH OPERATION	IF OPERATION WAS RELATED TO 20 CAUSE OF DEATH, ENTER IN PART III YES	
H	DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CO WAS PE	ONDITION FOR WHICH OPERATION ERFORMED CARCINGMA RT BREAS 218. PLACE OF INJURY (e. g., in or 21c.)	CAUSE OF DEATH, ENTER IN YES	NO X
WITH ortant.	DISEASE OR CONDITION CAUSING IT. AGA. DATE OF OPERATION 19B. CO WAS PE U 21A. ACCIDENT WAS UNDERLYING 19B. CO OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	ONDITION FOR WHICH OPERATION ERFORMED CARCINGMA RT BREAS 218. PLACE OF INJURY (e. g., in or 21c.)	T PART I OR PART II	NO X
WITH ortant.	DISEASE OR CONDITION CAUSING IT. PA. DATE OF OPERATION 19B. CO WAS PER USED IT. PA. DATE OF OPERATION 19B. CO WAS PER USED IT. PA. DATE OF OPERATION 19B. CO WAS PER USED IT. PA. DATE OF OPERATION 19B. CO WAS PER USED IT. PA. DISEASE OR CONDITION CAUSING IT. PA. DATE OF OPERATION 19B. CO WAS PER USED IT.	ONDITION FOR WHICH OPERATION ERFORMED ART BREAS 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) INJURY	CAUSE OF DEATH, ENTER IN YES	NO X
ILY, WITH important.	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CO WAS PE U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) 21c. INJURY OCCURRED WHILE AT NOT WHILE	CAUSE OF DEATH, ENTER IN YES WHERE DID (If in Baltimore City, give ex RY OCCUR?	NO X
AINLY, WITH	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CO WAS PE U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	ONDITION FOR WHICH OPERATION ERFORMED ARCINGMA RT BREAS 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) 1 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK NOT WHILE AT WORK	CAUSE OF DEATH, ENTER IN YES WHERE DID (If in Baltimore City, give ex RY OCCUR?	act location)
PLAINLY, WITH ecially important.	DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CO WAS PER CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended	ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e. g., in or 21c. valout bome, farm, factory, street, office bidg., etc.) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK At the deceased from A G.	CAUSE OF DEATH, ENTER IN YES WHERE DID (If in Baltimore City, give ex RY OCCUR? HOW DID INJURY OCCUR?	act location) I last saw the
PLAINLY, WITH ecially important.	DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CO WAS PER UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended deceased alive on Avenue, 19	ONDITION FOR WHICH OPERATION ERFORMED ARCINGMA RT BREAS 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) 1 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK NOT WHILE AT WORK	CAUSE OF DEATH, ENTER IN YES WHERE DID (If in Baltimore City, give ex RY OCCUR? HOW DID INJURY OCCUR? 1953, to AVE 13, 1953, that	act location) I last saw the
PLAINLY, WITH ecially important.	DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CO WAS PER CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended	ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e. g., in or 21c. v about bome, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED WHILE AT NOT WHILE MORK AT WORK d the deceased from A G 23B. ADDRESS	T CAUSE OF DEATH, ENTER IN YES WHERE DID (If in Baltimore City, give ex RY OCCUR? HOW DID INJURY OCCUR? 1953, to AVE 13, 1953, that SAm., from the causes and on the date and the date are also as a second or the date are also as a second or the date are a second or the	act location) I last saw the stated above. DATE SIGNED
PLAINLY, WITH ecially important.	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CO. WAS PER TO SELECT THE CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended deceased alive on AV 192 23A. SIGNATURE 24A. BURIAL, CREMA 24B. DATE	ONDITION FOR WHICH OPERATION ERFORMED ARCINGMA RT BREAS 218. PLACE OF INJURY (e. g., in or 21c.) about bome, farm, factory, street, office bldg., etc.) 1 21E. INJURY OCCURRED WHILE AT NOT WHILE MORK AT WORK 4 the deceased from A G G, and that death occurred at 9.00	TORY 24D. LOCATION (City, town, or country)	act location) I last saw the stated above. DATE SIGNED
E WRITE PLAINLY, WITH age is especially important.	DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CO WAS PE UD 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended deceased alive on AV 1, 193 23A. SIGNATURE	ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e. g., in or 21c.) about bome, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED WHILE AT NOT WHILE M. WORK At WORK At WORK 21F. II 22F. II 23F. ADDRESS	T CAUSE OF DEATH, ENTER IN YES WHERE DID (If in Baltimore City, give ex RY OCCUR? HOW DID INJURY OCCUR? 1953, to AVE 13, 1953, that SAm., from the causes and on the date and the date are also as a second or the date are also as a second or the date are a second or the	act location) I last saw the stated above. DATE SIGNED
E WRITE PLAINLY, WITH age is especially important.	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CO WAS PER CONDITION OF INJURY 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended deceased alive on AV 1923A. SIGNATURE 24A. BURIAL, CREMA 24B. DATE TION. REMOVAL (Specify) P-17-53 DATE RECEIVED BY REGISTRAR'S SIG	ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e. g., in or 21c. valout bome, farm, factory, street, office bidg., etc.) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 4 the deceased from A G And that death occurred at 9:05 23B. ADDRESS 24C. NAME OF CEMETERY OR CREMATE OAK ANN ANN ANN ANN ANN ANN ANN	TORY 24D. LOCATION (City, town, or country)	act location) I last saw the stated above. DATE SIGNED (State)
RITE PLAINLY, WITH is especially important.	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CO WAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended deceased alive on AV 1, 193 23A. SIGNATURE 24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify) 7-17-53	ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e. g., in or 21c. valout bome, farm, factory, street, office bidg., etc.) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 4 the deceased from A G And that death occurred at 9:05 23B. ADDRESS 24C. NAME OF CEMETERY OR CREMATE OAK ANN ANN ANN ANN ANN ANN ANN	T CAUSE OF DEATH, ENTER IN YES WHERE DID (If in Baltimore City, give ex RY OCCUR? HOW DID INJURY OCCUR? 1953, to A / C / 3, 1953, that SAm., from the causes and on the date of the caus	act location) I last saw the stated above. DATE SIGNED (State)
E WRITE PLAINLY, WITH age is especially important.	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CO WAS PER CONDITION OF INJURY 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended deceased alive on AV 1923A. SIGNATURE 24A. BURIAL, CREMA 24B. DATE TION. REMOVAL (Specify) P-17-53 DATE RECEIVED BY REGISTRAR'S SIG	ONDITION FOR WHICH OPERATION ERFORMED 21B. PLACE OF INJURY (e. g., in or 21c. valout bome, farm, factory, street, office bidg., etc.) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 4 the deceased from A G And that death occurred at 9:05 23B. ADDRESS 24C. NAME OF CEMETERY OR CREMATE OAK ANN ANN ANN ANN ANN ANN ANN	T CAUSE OF DEATH, ENTER IN YES WHERE DID (If in Baltimore City, give ex RY OCCUR? HOW DID INJURY OCCUR? 1953, to A / C / 3, 1953, that SAm., from the causes and on the date of the caus	I last saw the stated above. DATE SIGNED (State)

tee bridge admonstration and telegraphic telegraphic and some deep edge while class there by the veldad threath the series () The

\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	6	33	5	
BIRTH N	0.			

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7334
Registered No. 7334

BIRTH NO.	ICATE OF	DEATH	Registered N	10.
1. NAME OF DECEASED (Type or Print) Kardon, Thomas KA	RBA	V	2. DATE OF DEATH 8-14	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USI	UAL RESIDENCE (W)	bere deceased lived, If	institution : residence before admission)
a. FULL NAME OF (If not in hospital or institution, give street a HOSPITAL OR INSTITUTION St. Agnes Hospital		y or town (Ironal Baltimore)		s, write RURAL and give township)
4. Length of stay in Baltimore	Yrs. D. STR Mos. Days	TO 9 July	ural, give location)	
Male 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED NATTIED		E OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Yeer If Under 24 Hours nths Days Hours Min.
Retired	S OR 11. BIR	THPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. NO	MENTAL NA	ME	
15. WAS DICEASED EVER IN U. S. ARMED FORCES? (Yes, n. or unknown) (If yes, give war or dates of service) SECURIT	TY NO. 13 IN	FORMANT Shug	h. Mail	poress d.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING	acute artering	monthe myoracha claratic ca	iny = Sfarction	onset and death 5 days
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	*			
19A. DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATIO		ION WAS RELATED TO DEATH, ENTER II	
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN about home, farm, factory, a bout home, farm, factory, a contributing EATH (NOTIFY MEDICAL EXAMINER)	IJURY (e. g., in or atreet, office bldg., etc.)	21c. WHERE DID (
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF INJURY mn. WHILE AT WORK	NOT WHILE AT WORK	21F, HOW DID INJU		
22. I hereby certify that I attended the deceased fro deceased alive on Qualy, 1953, and that dear	m aug 1 th occurred at			that I last saw the date stated above.
James E. Rowe W.	M. D. 23B. ADD	agues Ho	repital	8/14/53
24A. BURNI, CREMA- TION, REMOVAL (Specify) 8/17/53 24B. NAME OF Survial 8/17/53	1 Cross		Salto:	Md.
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FU	NERAL DIRECTOR	15-01	ADDRESS

CSEL SE Liou and Jane .ja Lte stired

MARGIN RESERVED FOR BINDING

3 7335

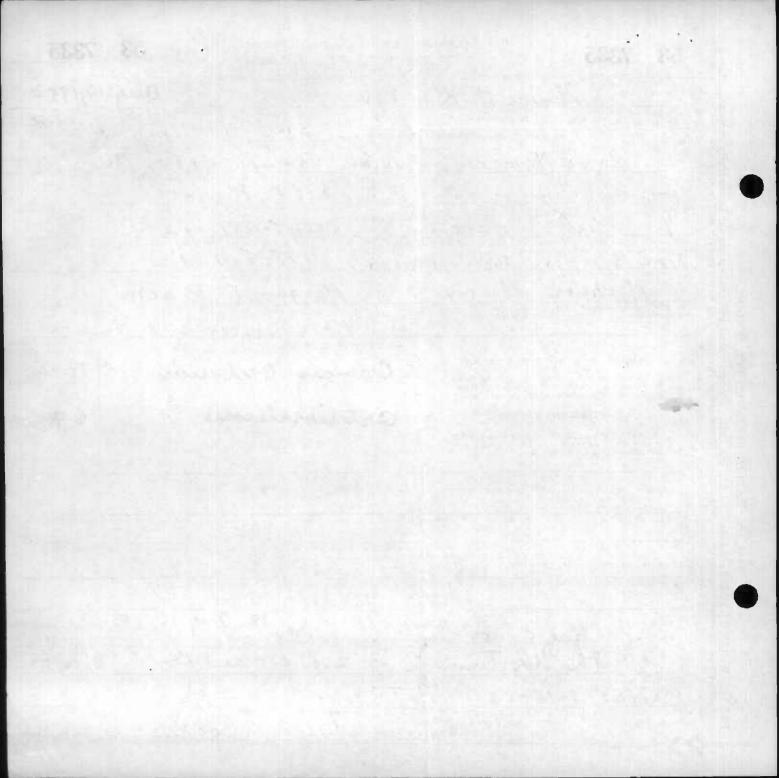
VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7335

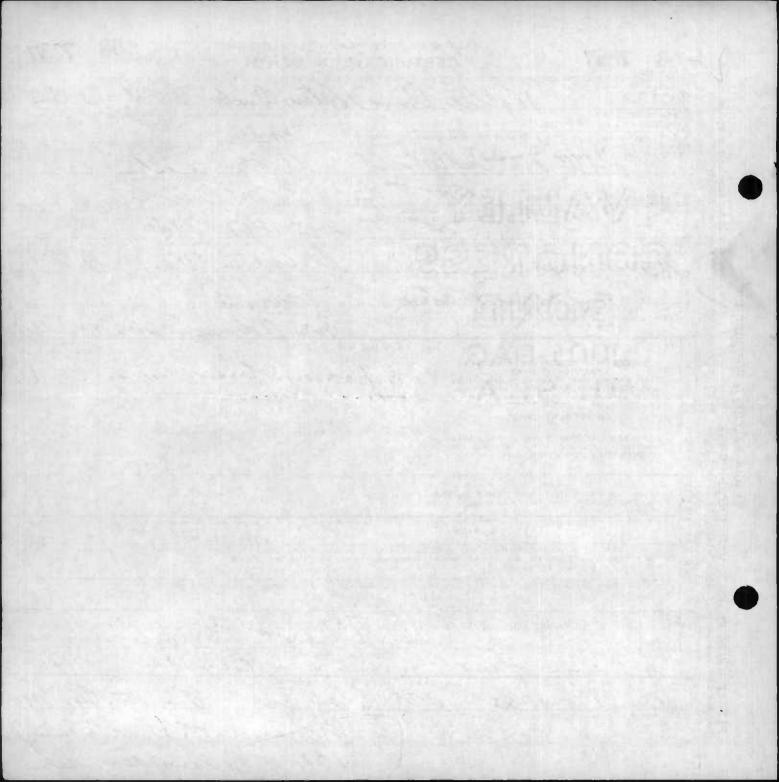
The		RTH NO.	CERTIFICATE OF DEA	AIH Registered No.	
	1.	NAME OF DECEASED Grand M. Westge M.	4, Lrov	2. DATE OUG 1	6,1953
supplied	A.	Baltimore City, Maryland	4. USUAL RE	SIDENCE (Where deceased lived, If insti	tution: residence before almission)
11J	HC	FULL NAME OF (If not in hospital or institution)	location) C. CITY OR TO	OWN (If outside corporate limits, wr	ite RURAL and give township)
carefully legibly.	才	UNION Memori		DRESS (If rural, give location)	
d be cand le		Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE WILDOW	Days	IRTH 9. AGE (In years last birthday) Months	l Year II Under 24 Hours Days Hours Min.
should be	10. work		D OF BUSINESS OR INDUSTRY	CE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
th cle	_7	Tire Builder. Sche	TUIT Rubber Co. 14. MOTHER'S	S/ON /a	
information s of death cle	15	Michael Milt 5. WAS DECEASED EYER IN U. S. ARMED FORCES?	Marga	reT Roach	FSS
of	(Yes	s, no or unknown) (If yes, give war or dates of service)	SECURITY NO. Mary	11	are.
it		DISEASE OR CONDITION DIRECTLY	I MA MA ALL III	Realisania	ONSET AND DEATH
Every write th		(This does not mean the mode of dying, e, heart failure, asthenia, etc. It means the dises injury or complication which caused deat	ase,	0 000-0000	
田岩		injury or complication which caused dea.	cir.) DOE 10		
-	Z	ANTECEDENT CAUSES	(B) Orteriose	luoris	6 geforts
INK.	CATION		(B) Orterisse	luoris	6 geforts
INK.	TIFICAT	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV. RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIB	(B) Orteriste THE DUE TO (C)	luoris	6 geforts
INK.	ERTIFICAT	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV. RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	(B) (C) BUTING TO THE	luoris	6 gefouts
H UNFADING INK. Physicians: please	L CERTIFICAT	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV. RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CING THE DUE TO (C) BUTING TO THE DITION FOR WHICH OPERATION FORMED	CAUSE OF DEATH, ENTER IN PART I OR PART II	6 gapantly 20. AUTOPSY? YES NO D
, WITH UNFADING INK.	ERTIFICAT	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV. RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBETO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBETORY CONDITIONS TO CONDITIONS	CONTING TO THE DITION FOR WHICH OPERATION FORMED	CAUSE OF DEATH, ENTER IN	YES NO D
VLY, WITH UNFADING INK. important. Physicians: please v	DICAL CERTIFICAT	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV. RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONE WAS PERFORM CONTRIBUTING 21A. ACCIDENT WAS UNDERLYING 21A CONTRIBUTING 21A CONTRIBUTING 21A CAUSE OF 21A ADDITIONS 21A CONTRIBUTING 21A CAUSE OF 21A ADDITIONS 21A CAUSE OF 21A ADDITIONS 21A CAUSE OF 21A ADDITIONS	CONTROL (B) CONTROL (C) CONTR	CAUSE OF DEATH, ENTER IN PART I OR PART II /HERE DID (If in Baltimore City, give	YES NO D
PLAINLY, WITH UNFADING INK.	DICAL CERTIFICAT	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV. RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE DEATH WAS PERFORM TO THE DEATH CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	CING THE DUE TO (C) BUTING TO THE DITION FOR WHICH OPERATION TORMED DISPLACE OF INJURY (e. g., in or 21c. W. INJURY Let home, farm, factory, street, office bidg., etc.) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	CAUSE OF DEATH, ENTER IN PART I OR PART II /HERE DID (If in Baltimore City, give Y OCCUR? OW DID INJURY OCCUR?	ves No Per exact location)
RITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please	DICAL CERTIFICAT	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV. RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE DEATH WAS PERFORM TO THE DEATH CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	CONTING THE DUE TO (C) BUTING TO THE DITION FOR WHICH OPERATION FORMED 18. PLACE OF INJURY (e.g., in or INJURY at home, farm, factory, street, office bldg., etc.) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK the deceased from Town (e.g., 1)	CAUSE OF DEATH, ENTER IN PART I OR PART II /HERE DID (If in Baltimore City, give Y OCCUR? OW DID INJURY OCCUR?	ves No Per exact location)
especially important. Physicians: please	MEDICAL CERTIFICAT	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV. RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE DEATH WAS PERFORM TO THE DEATH CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	CING THE DUE TO (C) BUTING TO THE DITION FOR WHICH OPERATION TORMED 21c. WHILE AT INJURY (e. g., in or 21c. W INJURY TORMED 21f. H WORK AT WORK THE deceased from AT WORK 23b. ADDRESS	CAUSE OF DEATH, ENTER IN PART I OR PART II THERE DID (If in Baltimore City, give y OCCUR? OW DID INJURY OCCUR? 1949, to Ouy 16, 1953, the Own, from the causes and on the death of the d	hat I last saw the late stated above.

6904U



MANUFACTURE STATE OF THE STATE

11	7-400 .	
В	FO 190714	E OF DEATH Registered No. 7337
(7	NAME OF DECEASED Willie and	Vaters Bush 2. DATE 8-13-50
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission
H	DISPITAL OR STATE OF CHILD MC Culloh St	
C.	Length of stay in Baltimore 50 — Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2/00 mc Culloh
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under I Year II Under I Year III Under II Year II II
MOL	A. USUAL OCCUPATION (Give kind of Lone during most of working life, even if retired) 108. KIND OF BUSINESS OR INDUSTRY	Statenton Va N.S.
	Benim an Waters	14. MOTHER'S MAIDEN NAME
15 (Ye	was DECEASED EVER IN U. S. ARMED FORCES? e, no or unknown) (U yee, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS EVA Robinson - 2100 Mc Cullet
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	of DEATH A fewsive Cardio-Vessular 3 Wts.
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
ERTIFICA	OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
AL C	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OF WAS PERFORMED	
EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
Σ	2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRI OF INJURY WHILE AT NOT WHILE M. WORK AT WORK	LE C
	22. I hereby certify that I attended the deceased from 7	rred at m., from the causes and on the date stated abov
	23 A GIGNATURE Anat M.O.	601 N. CARROLL FON P/14/53
D	AAL BURIAL, CREMA- ON, REMOVAL (Specify) ATE RECEIVED BY OCAL REGISTRAR ALLO TO THE PROPERTY OF THE PROPERT	Con County 240. LOCATION (City, town, or county) (State Salto Co. M. 25. TINERAL DIRECTOR ADDRESS ADDRESS
	VS 150 1300	1011-1. Polington ave



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF ACOR DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street, address or B. FULL NAME OF location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) Mos ngth of stay in Baltimore we Daye 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED B. DATE OF BIRTH AGE (In years | fi Under | Year | | fi Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work downdaring most of working life, even if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ramus 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. dance INTERVAL BETWEEN CAUSE OF DEATH 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from. , 19 3 that I last saw the deceased alive on Lug 16, 1953 and that death occurred at 5:16 Pm., from the couses, and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

240. LOGATION

(City, town, or county)

DDRESS

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

BURJAL, CREMA-

REMOVAL (Specify)

24B. DATE

REGISTRAR'S SIGNATURE

Martin as part to be the . The company of the company of the company of

The	
supplied.	
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The	ease write the causes of death clearly and legibly.
information	s of death c
Every item of	vrite the cause
INK.	please v
UNFADING	ly important. Physicians: p
WITH	ortant.
WRITE PLAINLY,	ge is especially impo
PLEASE	correct a

>	NES	00			to the second of the second second				
BALTIMORE CITY HEALTH DEPARTMENT 53 7340									
BI	RTH NO.		CERTIFICAT	TE OF DEATH	Registered No.				
	1. NAME OF DECEASED (Type or Print) Edward White 2. DATE OF DEATH Aug. 13, 1953								
	PLACE OF DE	EATH: City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If institution : residence B. COUNTY before admission)				
В.	FULL NAME	OF (If not in hespite	al or institution, give street address locatio						
	ISTITUTION	4940 Easte	orel mosbirars	C. CITT OK TOWN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
2		4740 B2500	XYrs	D. STREET ADDRESS	D. STREET ADDRESS (If rural, give location)				
		tay in Baltimore	17 Mos Day	s Jou Ar					
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci	1 1 m m m m	9. AGE (In years Months Days Hours Min.				
10	MALO A. USUAL OC	Negro CUPATION (Givekinder)	Married 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country) 12. CITIZEN OF				
rork	PORT	of working life, even if retired)	INDUST	Alabama	WHAT COUNTRY?				
13	FATHER'S N	Edward	White		14. MOTHER'S MAIDEN NAME Hattie Mathews				
15	. WAS DECEASE	D EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS				
(You	s, no or uuknown)	(If yes, give war or detes	s of service) SECURITY NO.	B. C. H. 4940 1					
	18. 150	× ,	CAUSE	OF DEATH	INTERVAL BETWEEN				
	DISEAS	E OR CONDITION		oumenia of Rt. le					
	heart failu	not mean the mode or re, asthenia, etc. It mean	ns the disease,	MEGALE VI AV. 2-	Mot Tries.				
	injury or	complication which c	aused death.) DUE TO	The state of the s					
~		ANTECEDENT CAUS	SES (B) Ca	reinema of Esophs	APIE .				
0		OR CONDITIONS, IN	F ANY, GIVING	19.					
CAT		ING CONDITION LA	ST.						
IFIC		li							
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT F	RELATED TO THE						
C			98. CONDITION FOR WHICH		PERATION WAS RELATED TO 20. AUTOPSY?				
AL	WAS PERFORMED			PART	F OF DEATH, ENTER IN YES NO				
EDICAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?								
Σ	21D. TIME (OF INJURY	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
	TI). WHILE AT NOT WHILE AT WORK AT WORK								
	22. I hereby certify that I attended the deceased from \$-1-53, to \$-13-, 1953 that I last saw the								
	deceased alive on 8-13-, 1953, and that death occurred at 5:05pm., from the causes and on the date stated above.								
	23A. SIGNA	TURE HO	hun Phen M.D.	238. ADDRESS 4940 Eastern, Av	re. Balte. Md. 8-13-1953				
77	AA. BURIAL, ON, REMOVAL (S	pecify) 8-17	-53 mt. au	tery or CREMATORY 240	LOCATION (City, town, or county) (State)				
	ATE RECEIVE		S SIGNATURE	25. FUNERAL DIRECTO	or Address				

78099

that the sale and level to It apprished SCO Passes 3001 . T. LEGS STATE OF THE PARTY as and the second B. B. B. S. Land B. C. Land B. B. B. companie of life liever later. screening of the passing and the later Harrist - The new York of the Land

3	- 600
	7341
53	109CL

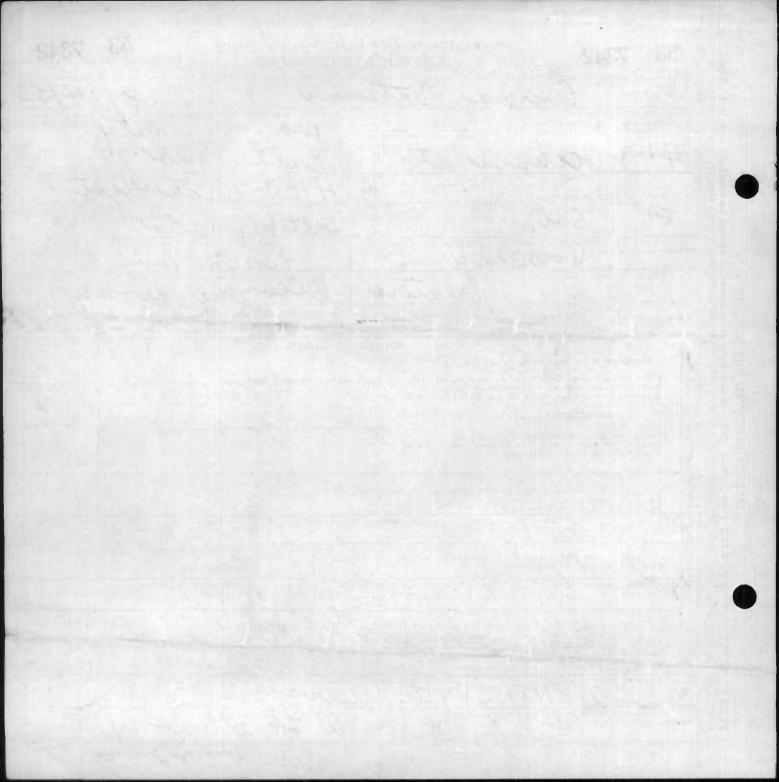
3	7341
	and the state of t

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE MRS. ELDA B. (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence pefore admission A. Baltimore City, Maryland B. COUNT B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give Yrs. D. STREET ADDRESS (If rural, give location) Mos. cength of stay in Baltimore Davs 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OF RACE 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months; Days | Hours | Min. Il Under 1 Year 180Wea 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? SALES WORTAN HNSTOWN -13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 6-03-3315 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICA 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK . 1976 to aug 16 22. I hereby certify that I attended the deceased from_ , 1922 that I last saw the 1943, and that death occurred at 754 m., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or couldy) TION, REMOVAL (Specify) DANSTOWN - YENNA. shen J. CONNAY [UNOI] REMOVAL DATE RECEIVED BY 1.25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

where it is not the 17000 of when the ten have in the in stranger Section Land Section Car Sy, Carry

(-333							
The		53 7342 BALTIMORE CITY F			7342				
	(T	NAME OF DECEASED Course or Print) Course of Print)	naw	2. DATE OF DEATH	14/53				
pplie	A.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	IDENCE (Where deceased lived, Kinst	itution residence before admission)				
should be carefully supplied.	B. HC	FULL NAME OF (If not in hospital or institution, give street address location) - Occupant St.		(If outside corporate limits w	rite RURAL and give tovelship)				
caref	K	Yrs Mos Length of stay in Baltimore Day	1445	RESS Charural, give location	it.				
uld be	-	6. COLOR OR ACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Speci	8. DATE OF BIE	9. AGE (In years last) if bids Months	l Year It Under 24 Hours B Days Hours Min.				
		A. USUAL OCCUPATION (Give kind of dooe during most of working life, even irretired)	/ 4	Salto, Ma. 12.	CITIZEN OF WHAT COUNTRY?				
Information of death cl		FATHER'S NAME? Waters	14 Della	maiden NAME blon	W.				
BINDING of inform uses of dea	15 (Yes	. WAS DECEASED EVER IN U, S. ARMED FORCES? I, oo or uoknowo) (If yea, give war or dates of service) 16, SOCIAL SECURITY NO.	Elizab	eth Cottman C	Erchard At,				
C (4)		18. 550.1 CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH				
E 5		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	entre	<u> </u>	1 da.				
RVED F Every write th		injury or complication which caused death.) DUE TO							
RESERVED INK. Ever please write		DISEASES OR CONDITIONS, IF ANY, GIVING	te af	pe dent	3 dec.				
NG I	CATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			***************************************				
MARGIN UNFADING Physicians:	RTIFI	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
M	CEF	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
Hel	AL O	198. DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED	OPERATION	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY?				
ILY, WITH important.	ally	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., io or 21C. White bldg., etc.)	HERE DID (If in Baltimore City, giv	e exact location)				
LAINLY imp		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY while at work at w	HILE	OW DID INJURY OCCUR?	(
PL. ecial		22. I hereby certify that 1 attended the deceased from	8/13 15	N3, to 8/14, 1953, t	hat I last saw the				
TE		deceased alive on \$13, 1953, and that death occ	urred at SA	m., from the eauses and on the	date stated above.				
WR1		Herbert hymles M. D.	1325W	Landa 86	115/53.				
ASE ct ag	170	AA. BURIAL, CREMA- 24B DATE 24C. NAME OF CEME	WWW.	24D. LOCATION (City, town, or	cofinty) (State)				
PLEASE WRITE PI	DATE RECEIVED BY REGISTRAR'S SIGNATURE. 125 FUNERAL DIRECTOR 100 A TOUR STRANGE SIGNATURE. 125 FUNERAL DIRECTOR 100 A TOUR STRANGE SIGNATURE. 125 FUNERAL DIRECTOR 127 FUNERAL DIRECTOR 128 FUNERAL DIRECTOR 129 FUNERAL DIRECTOR 129 FUNERAL DIRECTOR 120 FUN								
	青	Va _{vs} 150 333	back	in Itill a	w.				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF

(Type or Print)

RITTARETH TONDORA BUTLER

2. DATE

tion : residence

Ell appeal (Tradital 2)	DEATH 0/10/3
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, M institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Ward	
c. The gth of stay in Baltimore 2/	o. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done duping most of working lifejeven if retired) 10B. KIND OF BUSINESS OR INDUSTRY	9 Adana 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY!
Is. FATHER'S NAME	Melinda Minniel
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (16. NO or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS

CAUSE OF DEATH 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

20. AUTOPSY YES NO

21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
CAUSE OF DEATH	

210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

NOT WHILE!

21F, HOW DID INJURY OCCUR?

INJURY WHILE AT m. WORK

19 that I last saw the 22. I hereby certify that I attended the deceased from 1953, and that death occurred at3:50 cm., from the causes and on the date stated above.

23A/SISNATURE

deceased alive on & SIGNED

24A. BURIAL, CREMA-TION REMOVAL (Specify) BUTIAL 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county) Balto., Md.

8/18/53 DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25 FUNERAL

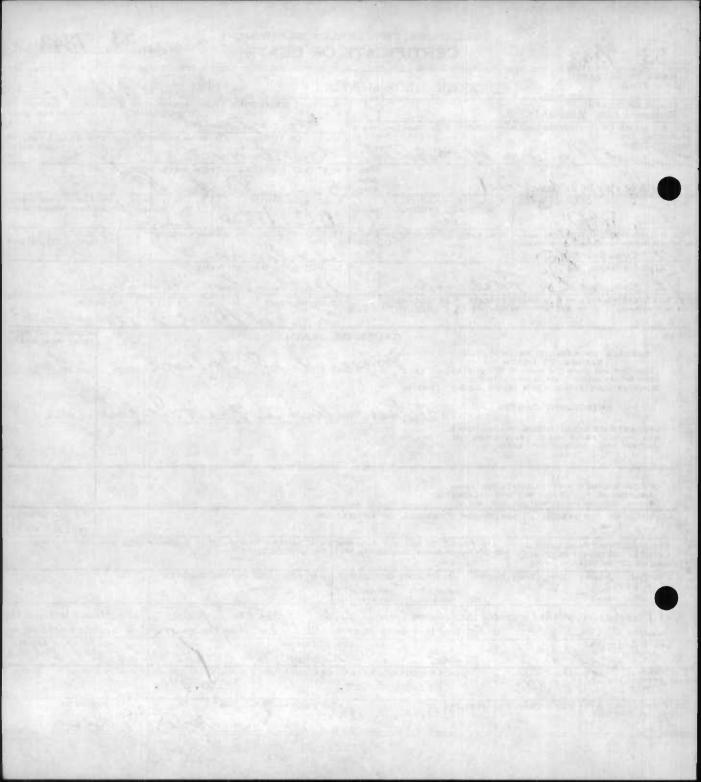
RTIFICATION

ш

EDICAL

ADDRESS

VS 150



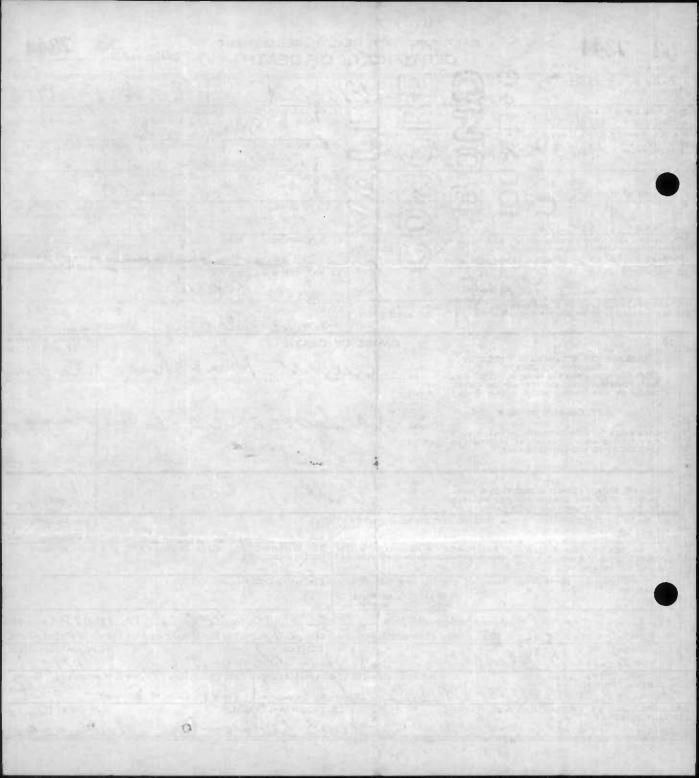
BALTIMORE CITY HEALTH DEPARTMENT

53 7344

North ave

BIRTH	NO.	

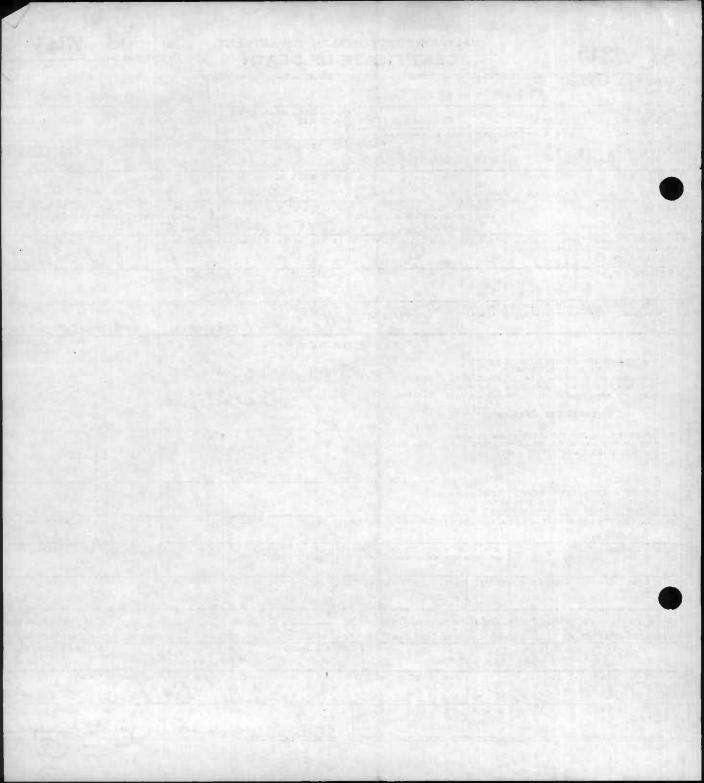
	RTH NO.	CERTIFICATI	E OF DEATH	Registered No	. 0 . 1
1.	NAME OF DECEASED 'ype or Print)	1 0	24.01.4	2. DATE	4 13 10 -
	Mil	Ton	severa	DEATH THE	£ 11,1953
A.	PLACE OF DEATH: Baltimore City, Maryland		A. STATE	(Where deceased lived, If in B. COUNTY	stitution : residence before admission
	FULL NAME OF (If not in hospital or institution	n, give street address or location)	c. CITY OR TOWN	Myland	in Driver 1
IN	ISTITUTION 46/3/ MIX Aug	ato an	nos. Oc	(If outside eorporate limits,	township
7		Yrs.	D. STREET ADDRESS	(If rural, give location)	
c.	Ength of stay in Baltimore 65	-415 Mos. Days	1117 82	Comband st	
5.	6. COLOR OR RACE 7. SINGLE. WIDOWE	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years II ling last birthday) Mont	der I Year II Under 24 Hour hs: Days Hours Min
10	Femaly white W	idows	1873	80	
worl	done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME .	1.5.19.
	David Lepsits		Dora X	epsit	
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17, INFORMANT	ADI	PRESS 5.500
`		SECONITI NO.	Pavine Hol	sswerg Ma	quelia av
	18. 422.1	CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Co	reheal He	morrhage	E. 18.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		w/ w/ / / /		Kasuou
	injury or complication which caused death.)	DUE TO			
7	ANTECEDENT CAUSES	(A)	1 devorasce	I Par 6); seaso	Many us
Ö	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE		() () () () () () () () () ()		1/2
A	UNDERLYING CONDITION LAST.	(C)			
FIC					
ERT	OTHER SIGNIFICANT CONDITIONS CON-	(the		Ma
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	4	strong		rany yo
7	19A. DATE OF OPERATION 19B. MAJOR I	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER. 21B. PLAC	E OF INJURY (e.g., in	or 21c. WHERE DID	(If in Baltimore City, giv	YES NO
		C		(== == ================================	
	LYING OR CONTRIBUTING CAUSE OF DEATH	m,factory,street,office bldg., e	tc.) INJURY OCCUR?		
ME	CAUSE OF DEATH 210 TIME (Month) (Day) (Year) (Hour) 2	ie. Injury occurri		JRY OCCUR?	
	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2: NJURY WH			JRY OCCUR?	
	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2: NJURY WH	IE, INJURY OCCURRE	ED 21F, HOW DID INJU	A 12	that I last saw th
	CAUSE OF DEATH 2D. TIME (Month) (Day) (Year) (Hour) NJURY 22. I hereby certify that I attended the d deceased glive on July 15, 1923, an	IE. INJURY OCCURRENT NOT WHILE AT NORK AT WORK CECEASED from and that death occur	21f. HOW DID INJUNE 1930, to redat 6 m., from	A 12	that I last saw th date stated above
	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the d	IE. INJURY OCCURRENT NOT WHILE AT NORK AT WORK CECEASED from and that death occur	21F. HOW DID INJU	Aug 17, 1953, a the caused and on the	
Σ.	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 22 NJURY m. WE m. WE will be deceased alive on the deceased alive on the deceased alive on the deceased with the deceased alive on the deceased with the deceased with the deceased alive on the deceased with the deceased alive on the deceased with the deceased wit	IE. INJURY OCCURRENT NOT WHILE AT NORK AT WORK CECEASED from and that death occur	21f. HOW DID INJUNE 1930, to redat 6Am., from 3B. ADDRESS Char	Aug 17, 1953, a the caused and on the	date stated above
Z 710	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2: NJURY m. we will be a second of the deceased glive on the second of the deceased glive on the second of th	eceased from at that death occur M.D.	21F. HOW DID INJUNE 1970, to redat Am., from 3B. ADDRESS RY OR CREMATORY 24D	ang 17, 1953, a the caused and on the	date stated above
2/4 TIO	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 22 NJURY m. WE m. WE will be deceased alive on the deceased alive on the deceased alive on the deceased with the deceased alive on the deceased with the deceased with the deceased alive on the deceased with the deceased alive on the deceased with the deceased wit	eceased from at work not that death occur as m. D. C. NAME OF CEMETER	21F. HOW DID INJUNE 1970, to redat Am., from 3B. ADDRESS RY OR CREMATORY 24D	aug 17, 1953, a the caused and on the LOCATION (City, town, or Luring Run	date stated above
Z 22 TIO	CAUSE OF DEATH 2D. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the d deceased glive on the standard of the d 23a. SIGNATURE 23a. SIGNATURE 24a. DATE 30b. BEMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S SIGNATURE	eceased from at work not that death occur as m. D. C. NAME OF CEMETER	21F. HOW DID INJUNE 1970, to redat Am., from 3B. ADDRESS RY OR CREMATORY 24D	aug 17, 1953, a the caused and on the LOCATION (City, town, or Luring Run	date stated above



	1 00			200	T	ALTI DEDICTION		52	Mose
	53 7	345		BA	CERTIFICAT	EALTH DEPARTMENT	Registe	ered No	7345
	RTH NO.				CERTIFICATI				
	NAME OF D ype or Print)	ECEASED	Me	yel-	Hirsch		2. DATE OF DEATH	8/17	53
A.	Baltimore (City, Maryl		V		4. USUAL RESIDENCE (V	Where deceased li B. COUN		tion: residence before admission
HC	SPITAL OR STITUTION		-	lor institut	tion, give street address or location)	c, CITY OF TOWN (If	outside corpora	le limits, writ	e RURAL and give township
U,	eth of s	tay in Balt	imore	484	Yrs. Mos. Days	D. STREET ADDRESS ALL 4336 PG	rural, give locati	sch a	re # 15
5.	Male	6. COLOR O		WIDOV	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In ye last birthda	ears if Under I Months I	Year If Under 24 Hours Days Hours Min.
10. work	A. USUAL OC dood uriod most of	of working life, eve	Give klod of to if retired)	9 9	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)		ITIZEN OF YHAT COUNTRY
	FATHER'S	a.	nko	un		14. MOTHER'S MAIDEN N.			
15 (Yes	. WAS DECEASE , no or nokoowo)	D EVER IN U. (If yes, give	S. ARMED war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT / Lewest His	dr	OSW	55 260/
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CON LEADING of the control of	TO DEATHE MODE of the mode of the control of the co	FH dying, e. ns the disease aused death	g., (A)	of DEATH bro - Valcin	lar		NSET AND DEATH
CE		S TO THE DEA				••••••			
AL	19A. DATE C	F OPERATION	ON D 1	98. MAJOR	FINDINGS OF OPER	ATION			YES NO
EDICA	21A. ACCIDE HOMICIDE	(Specify)	E.	218. PL	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	o or 21c. WHERE DID (1 etc.) INJURY OCCUR?	If in Baltimore	City, give en	cact location)
Σ	22. I hereb deceased at 23A. SIGNA	y certify th	at I att	ended the		rred at 6 = 2 · m., from to 135 ADDRESS	P/17	d on the da	at I last saw th
TIC	DA. BURIAL, ON, REMOVAL (S	Decify)	LOG 17	1/53	Bobroisk	en Verein Comete	Bala Bala	timor	e md
	ATE RECEIVE CAL REGIST			SSIGNATI	Walliams, M.	35. FUNERAL DIRECTOR	on+Bus	1	nth ave

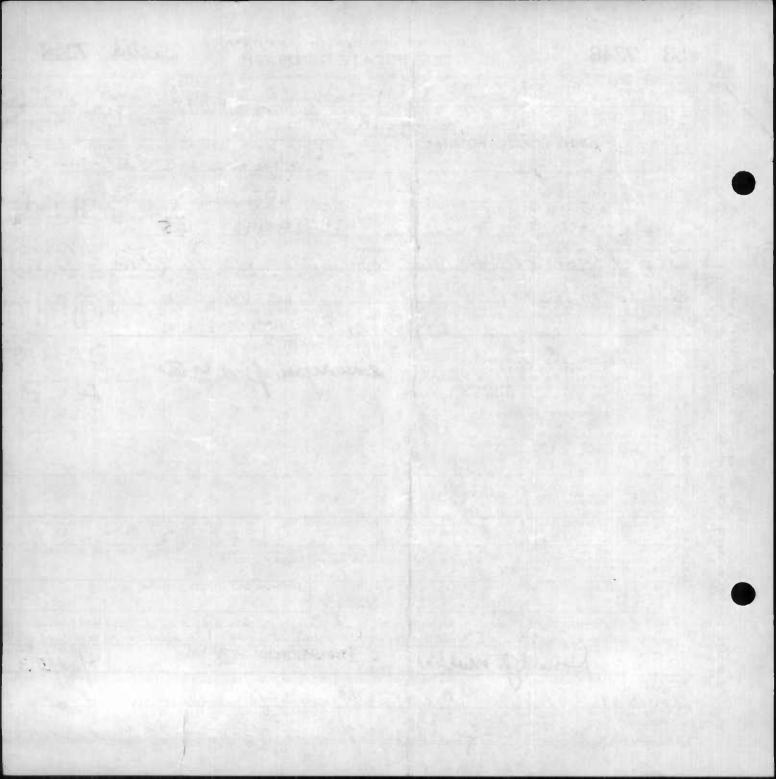
VS 150

2906A

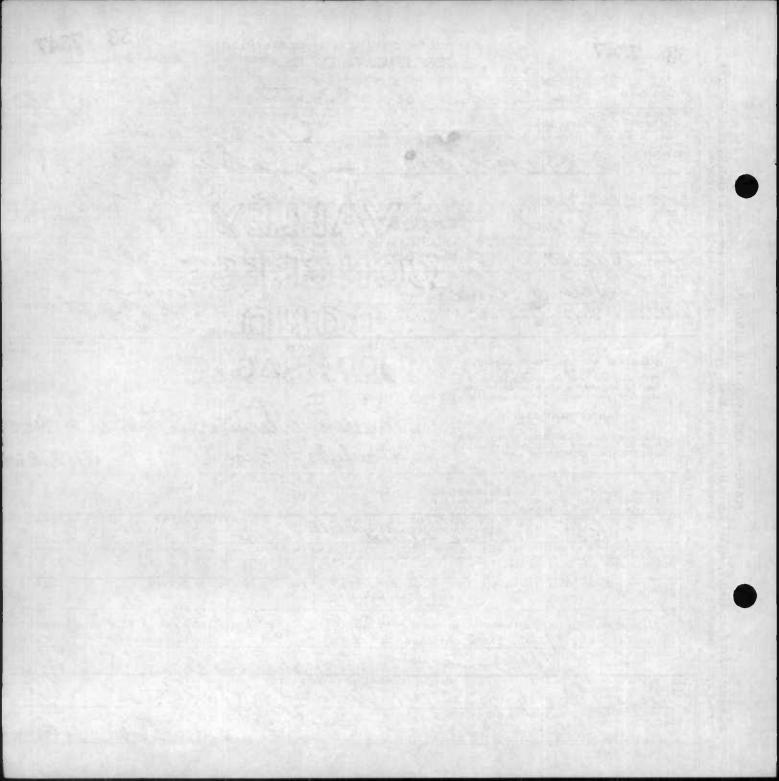


	The
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
ESEF	INK.
MARGIN F	UNFADING Physicians: p
	WITH rtant.
	vLEASE WRITE PLAINLY, orrect age is especially impor

	5	7346 BALTIMORE	CITY HEALTH DEPART		7346
. The	1.	NAME OF DECEASED Type or Print))	2. DATE	12 1222
item of information should be carefully supplied.	(T 3. A. B. HO IN 5. 10 work	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF OHNS HOPKINS HOSPITAL STITUTION Length of stay in Baltimore SEX G.COLOR OR RACE WIDOWED, DIVOR CA. USUAL OCCUPATION (Give kind of ladout during most of working life, even if retired) The Work of Working life, even if retired The Work of Working life, even if retired The Work of Working life, even if retired The Work of Business of Working life, even if retired The Work of Work in Baltimore The Work of Working life, even if retired The Work of	A. STATE A. STATE A. STATE C. CITY OR TOWN C. CITY OR TOWN C. CITY OR TOWN C. CITY OR TOWN D. STREET ADDR MOS. Days B. DATE OF BIRT D. STREET ADDR MOS. 11. BIRTHPLACE SPAYY O 14. MOTHER'S M OCIC 17. INFORMANT OF-003 CAUSE OF DEATH	OF DEATH DEA	before admission) rite RURAL and give township) 1 Year Hours Hours Hours Hours Min.
Every ite		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		Larta	
INK.	ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE 'UNDERLYING CONDITION LAST.)то то		
UNFADING Physicians:	CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
H	CAL		R WHICH OPERATION	IF OPERATION WAS RELATED TO CAUSE OF CEATH, ENTER IN PART I OR PART II ERE DID (If in Baltimore City, giv	20. AUTOPSY? YES NO NO
0	MEDI	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	ctory, street, office bidg., etc.) INJURY	OCCUR?	e exact location)
		OF INJURY (Month) (Day) (Year) (Hour) 21E. INJUING WHILE AT WORK	NOT WHILE AT WORK	V DID INJURY OCCUR?	
TE PLAIN especially			death occurred at \$08 Pm	n., from the causes and on the c	
WRITE ge is esp	- 2	23a. SIGNATURE PROBLEM 124C. NAME 4a. BURIAL. CREMA- 24B. DATE 24C. NAME	M. O. E OF CEMETERY OR CREMATORY		3C, DATE GIGNED
PLEASE W	TI	Burial 8/16/53 Arbu	itus Memorialt	A. Batto. Co. Me	DDRESS
PLI		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DI	C. Law 802 Maa	l. Ave.
		VS 150	6903A		



	3-399		
- 11	53 /341	LTIMORE CITY HEALTH DEPARTS	
=	I. NAME OF DECEASED	0 3-44	2. DATE
	1. NAME OF DECEASED III as (Type or Print)		DEALUS 15 1953 ENCE (Where deceased liver of institution; residence
	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institut	A. STATE	before admission)
	HOSPITAL OR INSTITUTION	location) C. CITY OR TOWN	Wishing S township)
TOT SET OF	c. Length of stay in Baltimore	Yrs. D. SYREET ADDRE	13 1. 1 1/3
	5. SEX 6. COLOR OR RACE 7. SINGLE WIDOW	E. MARRIED. ' 8. DATE OF BIRTH	
Call	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	· IUUIIX	tay or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHERS NAME	14. MOTHER'S MA	IDEN NAME
near _	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL TAME CONALD	e ennis
o ses	Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Balch St.
Caus	18. 214X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
all a	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.	Paralua 1 6	la la cal
y	heart failure, asthenia, etc. It means the disease		
	injury or complication which caused death	h.) DUE TO	
T M D	Injury or complication which caused death		- Tani Pin in dial-
please wil	Injury or complication which caused death		uterine fibroid 8/13/53
	ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVII RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.		suterine fibroid 8/13/53
	ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVII RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	NG (B) Multinodular HE DUE TO Paralytic illu	suterine fibroid 8/13/53
lysicians:	Injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	NG (B) Multinodular HE DUE TO Paralytic illustrates (C) Taralytic illustrates UTING O THE	
ruysicians	Injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVII RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION	UTING O THE ITION FOR WHICH OPERATION ORMED MULTIPOSITION OF THE OPERATION OF THE OPERATION OF THE OPERATION OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OPERATION OF THE OPERATION OPERATIO	F OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO PART II
cant. Fuysicians:	Injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVII RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION	UTING O THE ITION FOR WHICH OPERATION ORMED MULTIPOSITION OF THE OPERATION OF THE OPERATION OF THE OPERATION OPERATION OF THE OPERATION OF THE OPERATION OF THE OPERATION OPERATION OF THE OPERATION OPERATIO	F OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO PART II RE DID (If in Baltimore City, give exact location)
portain. Filysicians:	Injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTED CAUSE OF CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)	UTING O THE ITION FOR WHICH OPERATION ORMED MULTINOGUELLE B. PLACE OF INJURY (e.g., in or linguage) E. PLACE OF INJURY (e.g., in or linguage)	F OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO PART II RE DID (If in Baltimore City, give exact location)
ity important. ruysicians:	Injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTIONS CONTRIB	UTING O THE ITION FOR WHICH OPERATION ORMED MULTINOGUELLE B. PLACE OF INJURY (e.g., in or linguage) E. PLACE OF INJURY (e.g., in or linguage)	F OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO PART II RE DID (1f in Baltimore City, give exact location) CCUR?
pecially important. ruysicians:	Injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTIONS CONTRIB	UTING O THE ITION FOR WHICH OPERATION DERMED MULTING OF THE ITION FOR WHICH OPERATION DERMED MULTING OF THE MORE MULTING OF THE DERMED MULTING OF THE DE	F OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO PART I OR PART II RE DID (If in Baltimore City, give exact location) CCUR? DID INJURY OCCUR?
especially important. Inysicians:	Injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTIONS CONTRIB	UTING O THE ITION FOR WHICH OPERATION DERMED MULTING OF THE ITION FOR WHICH OPERATION DERMED MULTING OF THE MORE MULTING OF THE DERMED MULTING OF THE DE	F OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO PART I OR PART II RE DID (If in Baltimore City, give exact location) CCUR? DID INJURY OCCUR?
e is especially importante. Enjoicians:	Injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTIONS CONTRIB	UTING O THE ITION FOR WHICH OPERATION ORMED MULLISAGE SELECTION INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK AT WORK 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK 2 deceased from 8/" and that death occurred at 4 28 mm. 23B. ADDRESS M. D. //3/ Hard	F OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO PART I OR PART II RE DID (If in Baltimore City, give exact location) CCUR? DID INJURY OCCUR? 3 to 8/13, 19 53 that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED 8/17/53
age is especially important. Invitants:	Injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTIONS CONTRIB	UTING O THE ITION FOR WHICH OPERATION ORMED MULTINGOUNDS B. PLACE OF INJURY (e.g., in or INJURY OF INJURY	F OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO PART II RE DID (If in Baltimore City, give exact location) CCUR? The part of the causes and on the date stated above. 23c. DATE SIGNED
ect age is especially important. Invictans:	Injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVII RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTION C	UTING O THE ITION FOR WHICH OPERATION DRMED MULLIPSONIES B. PLECE OF INJURY (e. g., in or INJURY OF INJUR	F OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO PART I OR PART II RE DID (If in Baltimore City, give exact location) CCUR? DID INJURY OCCUR? 3 to 8/13, 19 53 that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED 8/17/53
rect age is especially important. Fugsicialis:	Injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVII RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CA	UTING O THE ITION FOR WHICH OPERATION DRMED MULLIPSONIES B. PLECE OF INJURY (e. g., in or INJURY OF INJUR	F OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO PART I OR PART II RE DID (If in Baltimore City, give exact location) CCUR? DID INJURY OCCUR? 3 to 8/13, 19 53 that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED 8/17/53



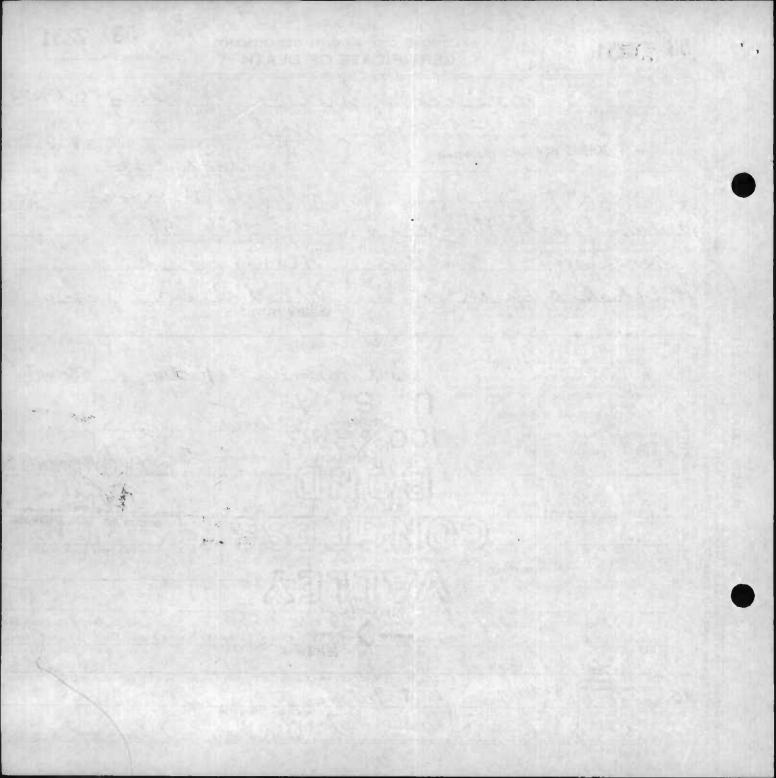
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH The I. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY ebefore admission) A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY carefully INSTITUTION JOHNS legibly (If rural, give location) Yrs. ADDRESS Mos. Length of stay in Baltimore Days Il Under I Year 7. SINGLE, MARRIED If Under 24 Hours 9. AGE (In years last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Secify) plnods early ACE (State or foreign country) BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? information 5 death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) Jo 16. SDCIAL ADDRESS (Yes, no or uokoown) SECURITY NO. PKINS HOSPITAL causes of 18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH INTERVAL BETWEEN item CAUSE OF DEATH FOR ONSET AND DEATH cardial to Every (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES r INK. 0 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 MARGIN RTIFIC H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ü DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? HLIM WAS PERFORMED CAUSE OF DEATH, ENTER IN important. EDICA PART I OR PART II 21C. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e. g., io or OR CONTRIBUTING CAUSE OF about home, faror, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY, 21D TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY especially NOT WHILE AT WORK 8-15 195 \$ to , 19__, that I last saw the 22. I hereby certify that I attended the deceased from_ WRITE and that death occurred atf. > She, from the causes and on the date stated above. deceased alive on 19 23c. DATE SIGNED 2 HOPKINS HOSPITAL age (City, town, or county 24A. BURIAL, CREMA-TION, REMOVAL (Specify) State) 24B. DATE NAME OF CEMETERY OR CREMATORY 24D. LOC PLEASE ADDRESS FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR VS 150

THE RESERVE OF THE PERSON NAMED IN .U. EUT. EUT. . TA BULLUT STEELED THE STEELE STEELED AND STEELED TOTAL TOTAL TOTAL AND THE STATE OF THE STATE OF THE

		5-13/ Exam Case - Release	sed to 14	ospilal
The	3	7350 CERTIFICATI		Registered No. 7350
	3.	NAME OF DECEASED Sype or Print) PLACE OF DEATH: Baltimore City, Maryland Canalage Russes Ru	bina	DATE OF AUG 15 1953 e deceased lived. If institution: residence b. COUNTY before admission
carefully supplied.	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Institution HOPKINS HOSPITAL Incation)	BAlto.	side corporate limits, write RVRAL and gi townshi
- o	-	Length of stay in Baltimore Yrs. Mos. Days SEX 6.COLOR_OR_RACE 7.SINGLE_MARRIED.	1048 N. B	AGE (In years) Il Undui I You i il Undui 24 Hou
on should be	1	Male White Marine (Specify) M. USUAL OCCUPATION (Give kind of 1 10B. KIND OF BUSINESS OR	3/31/1880	last birthday) Months Days Hours Min
ion sh	worl	k done duly the most of writing life, even if retired) Own Business REPARTMENT OF BUSINESS INDUSTRY Own Business INDUSTRY	Pennyville	WHAT COUNTRY
NDING information of death cl		Unknown Stebbing	14. MOTHER'S MAIDEN NAME UNKA	
BINDIN of infor- uses of d	(Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) 70 16. SCCIAL SECURITY NO. 213-14-0847	JOHNS HOPKINS HO	SPITAL ADDRESS
FOR y item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	Cardial Infal	Clan 2. 3 Les
RESERVED FO INK. Every it please write the	Z		LO SCLER OSIS	3
RGIN RESEI ADING INK. icians: please	FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	CENTIFICATION A	PPROVED BY
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CHIEF OR ARST, MEDI	M. O.
1-1	CAL	19a, DATE OF OPERATION 19a, CONDITION FOR WHICH OF WAS PERFORMED	CAUSE OF E	
	MEDIC	21a. ACCIDENT WAS UNDERLYING 21a. PLACE OF INJURY (about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)		in Baltimore City, give exact location)
Z A		21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	LE	Y OCCUR?
		deceased after on 8-15-, 1953, and that death scan		auses and on the date stated above
RI		1. p. 1	OHNS HOPKINS HOSPIT	15 clay 695
PLEASE W	TI	Burial 8/18/53 Park	wood Pasi	Krille ma.
PLI		ATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	217 Ful J.
	Y	Vs 150	431	

Equida 3 Vacto ---IN48 W BrORDWEY male whole 600 SE KESTA TAKE

BALTIMORE CITY HEALTH DEPARTMENT Registered No-ATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATHIL supplied. 4. USUAL RESIDENCE (Where deceased lived, I institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location TOWN (If outside corporate mis, write it RAL and give JOHNS HOPKINS HOSPITAL carefully INSTITUTION township) legibly (If rural, give location Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 9. AGE (In years of Under 1 Year lit Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED should clearl 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doned wing most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSE WIFE information death FATHER'S NAME EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service) 16. SOCIAL of (Yes, no or unknown) SECURITY NO of INTERVAL BETWEEN item CAUSE OF DEATH 120.1 and 260X ONSET AND DEATH FOR Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. IF OPERATION WAS CHIEFTOR ASST 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH HILL WAS PERFORMED EDICAL CAUSE OF OEATH, important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF INJURY (e. g., in or CONTRIBUTING CAUSE OF About home, farm, factory, street, office bldg., etc.) INJURY OCCUR? OR CONTRIBUTING | CAUSE OF PLAINLY, DEATH (NOTIFY MEDICAL EXAMINER 21F. HOW DID INJURY OCCUR? 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased Nom . 19___. that I last saw the and that death occurred at 1:14 m. from the causes and on the date stated above. WRITE ge is espe deccased alive on. 234. SIGNATURE age 240. LOCATION (City, town, or county) 24C/NAME OF CEMETERY OR CREMATORY BURIAL, GRENA 24B. DATE PLEASE DON. REMOVAL (Specify correct FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



Naminer Case BALTIMORE Registered No. CERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF carefully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admissi A. Baltimore City, Maryland before admission) (If not in hospital or institution, give s B. FULL NAME OF address or HOSPITAL OR location) rite BURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL (If outside corporate lim township) Mare and legibly Yrs. (If rural, give location) ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years WIDOWED DIVORCED last birthday) Months! Days Hours! Min. pluods clearly 10A. USUAL OCCUPATION (Give kind of work done dyriog most of working life, even if retired) 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF AT WHAT COUNTRY? YainTemance information 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dutes of service) of 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. causes of INTERVAL BETWEEN CAUSE OF DEATH item FOR DNSET AND DEATH DISEASE OR CONDITION DIRECTLY the fantid myocardium, amte LEADING TO DEATH Every (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, MARGIN RESERVED write injury or complication which caused death.) ANTECEDENT CAUSES INK. please FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OHIEF OR ASST, MEDICAL EX Ш TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IF DPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN EDICAL WAS PERFORMED especially important. 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? . , DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY, 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK , 19__, that I last saw the 22. I hereby certify that I attended the deceased from 19___. to. WRITE 1953, and that death becurred at 6-10 deceased alive on Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A, SIGNATUR S BURIAL CREMA 248. DATE 24c. NAME OF CEMETERY DR CREMATORY 240. LOCATION (City, town, or county) TION-REMOVAL correct 0 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25) FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

THE WIND BE SHOUND IN THE SHOUND IN 1, 1, HITAGO MO BIROLWINIS. STATE OF THE Such in Summer and my sent to I the STATISTICAL PROPERTY AND STATE OF THE STATE

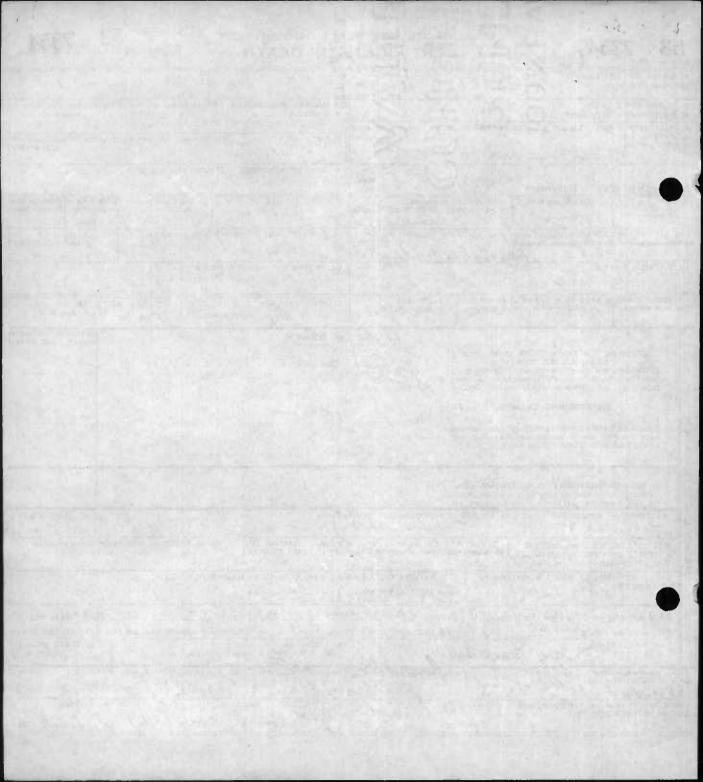
5-313 53 7353

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

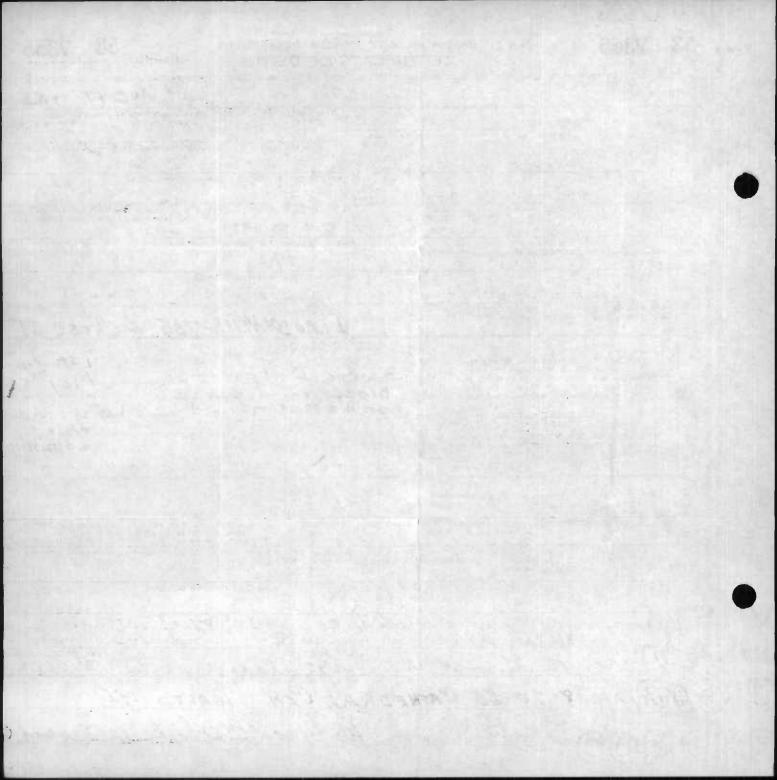
Registered No. 7353

BIL	RTH NO.								
	NAME OF D	ECEASED S. S	teren	15017		2. DATE OF DEAT	0	15-19	53
A.]		EATH: City, Maryland			4. USUAL RESIDE	NCE (Where decea	sed lived. If i	nstitution : res before a	idence idmission)
HO	SPITAL OR	. /	. , ,	on, give street address or location)	c. CITY OR TOWN	(If outside cor		nore (and give
7	mer	cy Hosi	15710	Yrs.	Baltin	70 FE SS (If rural, give	location)	- 6	
c.		tay in Baltimore	life	Mos. Days	1819	N. Esta	Calve		
	7	6. COLOR OR RACE	-7/na	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH			under 1 Year If Unths Days Ho	Inder 24 Hours urs Min.
10A	done during most	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	Butto : M	State or foreign coun	try)	12. CITIZEN WHAT CO	
13.	FATHER'S N	mc Keek	en		14. MOTHER'S MA	IDEN NAME	. 1.	V- U. /	
15. Yes,	WAS DECEASE no or uokoowo)	ED EVER IN U. S. ARME (If yes, give wer or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	teverand	80/5	DERESS	tH
FICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEA not mean the mode ire, asthenia, etc. It mer complication which ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	TH of dying, e.g. ans the disease caused death. SES F ANY, GIVING STATING THE	(B) 7/40	of DEATH Vicular 7 ho thoro tus ast	Thillal Amolici	ion	INTERVAL ONSET AN	Minuto
CERT	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	1 Antimo	ma o	Cernix	reteri		
AL.	19A. DATE C	OF OPERATION	19в. MAJOR	FINDINGS OF OPER	ATION 0			YES YES	OPSY?
EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, fa	CE OF INJURY (e. g., i rm,factory,street,office bldg.,	n or 21c. WHERE D		nore City, g	ive exact locat	tion)
2	21D. TIME	(Month) (Day) (Year	W	1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		INJURY OCCUR			
		y certify that I at	tended the	deceased from Qu	A 14 , 195			\$that I last	
-	23A. SIGNA	ure on ung 13		and that death occur	Tred at 1 Am.,	from the causes	and on th	23c. DATE	
	A. BURIAL, C		153	4c. NAME OF CEMETE	RY OR DE SY	RAD. LOCATION	(City, town,	or county)	(State)
	TE RECEIVE		S SIGNATUI	REVALIANA	25. FUNERAL DIR	ECTOR	120	ADDRESS	DR

	1 - 1	-20	DAI	TIMORE CITY	HEALTH DEPART	MENT &		52 8051
E	53 73	54			TE OF DEAT		Registered 1	No. 7354
BI	RTH NO.	4						
1. (T)	NAME OF D	ECEASED Mr. C	HARL	ES Dixo	V		OF 16 ac	egus + 1953
A.		City, Maryland	Ball		A. STATEMONE	ENCE (Where	deceased lived. If	institution: residence before admission
HC	FULL NAME DSPITAL OR STITUTION	heuch Kome a		on, give street address location		00	ide corporate limi	ts, write RURAL and giv township
-		tay in Baltimore	Life	Yr Mo Da	s.	ESS (If rura	l, give location)	5600
5.	Male	6.COLOR OR RACE		, MARRIED, ED, DIVORCED (Spec	8. DATE OF BIRTI			f Under Year If Under 24 Hours Min
	done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUST	11. BIRTHPLACE (0	n country)	12. CITIZEN OF WHAT COUNTRY Many land
13	FATHER'S	NAME 7. Federick	Diron		14. MOTHER'S MA	& Brown	wneng	u.s.A.
15 (Yes	. WAS DECEASE, no or unknown)	ED EVER IN U. S. ARMET (If yes, give war or dete	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	Edna.	Diton	DDRESS . Sykesville M.
FICATION	(This does heart failuinjury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEAT not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUSE S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. g ons the disease caused death. GES F ANY, GIVIN STATING TH	(A)		Sophag	ous .	INTERVAL BETWEE ONSET AND DEAT
CERTIF	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D				
ار				FINDINGS OF OF				20. AUTOPSY?
MEDICA	21A. ACCIE	DENT WAS UNDER-	21B. PLA		g, in or 21c. WHERE I		Baltimore City,	yes No give exact location)
	21D, TIME OF INJURY	(Month) (Day) (Year)		VHILE AT NOT WH	ILE -	- CONTRACTOR	CCUR?	
	22. I hereb	v certify that I att	ended the	deceased from	august 15, 195	I to augo	nr 16 , 19 1	that I last saw th
	deccased a	live on august 1	6, 1953	and that death oc	curred at 10 P.M	., from the c	auses and on	the date stated abov
	23A, SIGNA	Phalard 3	irabuta	M. III	23B. ADDRESS CHURCH NOME			16 august 195
3	REMOVAL (S	CREMA- 24B. DATE Specify) 6/17	53	Sy K	esville	GAA.	TION (City, town	e Hel
	ATE RECEIVE		S SIGNATU	RE William	25. FUNERAL DIF	RECTOR JAC	. /217	St. Paul i
	VS 150			73	o fT	0		



	C	7-540				
	53	3 7365	BALTIMORE CITY HE CERTIFICATI		Registered No.	7355
		IRTH NO.				
	(T	NAME OF DECEASED Type or Print) Margare	+ M. C	'Neill	2. DATE OF DEATH AUG /	7-1953
		. PLACE OF DEATH: U Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If inst	titution : residence before admission)
		FULL NAME OF (If not in hospital or i	institution, give street address or location)			* 1
		STITITION .	11 + /	C. CITT OR TOWN	(If outside corporate imits, w	township
ply	7	University	Yrs.		(If rural, give location)	
legibly	c.	Length of stay in Baltimore	Life Mos.		, Cross	57.
and	5.	SEX 6.COLOR OR RACE 7.5	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Marrie (8. DATE OF BIRTH	last hirthday) Month	ei l Year Under 24 Hours B Days Hours Min.
death clearly	10	DA. USUAL OCCUPATION (Give kind of 10B	B. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		CITIZEN OF
cles	WOIL	k done during most of working life, even if retired)	INDUSTRY	Md.		WHAT COUNTRY
ith	13	B. FATHER'S NAME		14. MOTHER'S MAIDEN		
		William Ve7	tters	Czrolii	re stew	erT
the causes of	(Ye	5. WAS DECEASED EYER IN U. S. ARMED FOR 18, no or unknown) (If yes, give war or dates of ser	rvice) 16. SOCIAL SECURITY NO.	2 LEO (O'NEIN	4-735 W G	RESS BOSS ST
ans		18. 578 X	CAUSE	OF DEATH	700 100	INTERVAL BETWEEN
ne c		DISEASE OR CONDITION DIRE	CTLY	T /		15+ time
		(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	ng, e. g., (A) Sest	ro Intest	rinzl	My y 15-3
write		injury or complication which caused	death.) DUE TO blee	ro Intest ding - c lettrmin	2050	1
se I		ANTECEDENT CAUSES		e i de i mi	LAS	4 days
leas	ō	DISEASES OR CONDITIONS, IF ANY	(B) (, GIVING FING THE DUE TO	***************************************		7715
3: p	AT	UNDERLYING CONDITION LAST.				
04	FIC					& 41711731017
2			(0)			& 41/1133101/j
rsician	RT	OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING			Z41/1133/6/
Physician	CERT		NTRIBUTING			<i>E41/1137101</i>
int. Physicians: please	AL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. C WAS F	NTRIBUTING FEO TO THE CONDITION FOR WHICH OF PERFORMED	PERATION IF OPI CAUSE PART	ERATION WAS RELATED TO OF DEATH, ENTER IN OR PART II	20. AUTOPSY?
	EDICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. C	NTRIBUTING FEO TO THE CONDITION FOR WHICH OF PERFORMED	PERATION IF OPICAUSE PART e.g., in or 21c. WHERE DI	OF DEATH, ENTER IN I OR PART II D (If in Baltimore City, give	YES NO
important.	DICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATION SEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. C WAS F 21A. ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour	TRIBUTING FOR THE CONDITION FOR WHICH OF PERFORMED 21B. PLACE OF INJURY (about bome, farm, factory, street, office 11) 21E. INJURY OCCURRE	PERATION IF OPICAUSE PART e.g., in or 21c, WHERE DI bldg., etc.) INJURY OCCUR ED 21f, HOW DID	OF DEATH, ENTER IN I OR PART II D (If in Baltimore City, give	YES NO
ly important.	EDICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. C WAS F 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	NTRIBUTING JEO TO THE CONDITION FOR WHICH OF PERFORMED 2 IB. PLACE OF INJURY (about bome, farm, factory, street, office	PERATION IF OPICAUSE PART a.g., in or 21c, WHERE DI INJURY OCCUR ED 21f, HOW DID	OF DEATH, ENTER IN I OR PART II D (If In Baltimore City, giv	YES NO
ly important.	EDICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATION SEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. C WAS F 21A. ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour	CONDITION FOR WHICH OF PERFORMED 21B. PLACE OF INJURY (about bome, farm, factory, street, office) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	PERATION IF OPICAUSE PART a.g., in or 21c, WHERE DI INJURY OCCUR ED 21f, HOW DID	OF DEATH, ENTER IN I OR PART II D (If In Baltimore City, give) INJURY OCCUR?	YES NO
important.	EDICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELADIOUS EASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. C WAS F 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (House of Injury) 22. I hereby certify that I attended deceased alive on 2 7 , 196	CONDITION FOR WHICH OF PERFORMED 21B. PLACE OF INJURY (about bome, farm, factory, street, office) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK at the deceased from 3/1, and that death occur	PERATION IF OPICAUSE PART a.g., in or 21c. WHERE DI INJURY OCCUR ED 21f. HOW DID LE 195, to- rred at 6 2 m., from	I OF DEATH, ENTER IN I OR PART II D (If In Baltimore City, given in the causes and on the causes and	ve exact location) that I last saw the date stated above
is especially important.	EDICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATIONSEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. C WAS F 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (House of Injury) 22. I hereby certify that I attended deceased alive on 8/17, 198 234 SIGNATURE	CONDITION FOR WHICH OF PERFORMED 21B. PLACE OF INJURY (about bome, farm, factory, street, office) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK at the deceased from 3/1, and that death occur	PERATION IF OPICAUSE PART a.g., in or 21c. WHERE DI INJURY OCCUR ED 21f. HOW DID LE 3, 19-2, to-	I OF DEATH, ENTER IN I OR PART II D (If In Baltimore City, given in the causes and on the causes and	ve exact location) that I last saw the
is especially important.	MEDICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONTRIBUTION CONTRIBUTION CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour OF INJURY) 22. I hereby certify that I attended deceased alive on 19 CONTRIBUTION CAUSE CAUSE CONTRIBUTION CAUSE CONTRIBUTION CAUSE CONTRIBUTION CAUSE CAUS	CONDITION FOR WHICH OF PERFORMED 21B. PLACE OF INJURY (about bome, farm, factory, street, office) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK at the deceased from 3/1, and that death occur	PERATION IF OPICAUSE PART a.g., in or 21c. WHERE DI bldg., etc.) INJURY OCCUR ED 21f. HOW DID LE 195, to- rred at 6 2 m., from 138. ADDRESS 4630 Mano	I OF DEATH, ENTER IN I OR PART II D (If In Baltimore City, given in the causes and on the causes and	that I last saw the date stated above
age is especially important.	MEDICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATIONSEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. (WAS F.) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (House of Injury) 22. I hereby certify that I attended deceased alive on 8/17/1999 233 SIGNATURE	TRIBUTING FEO TO THE CONDITION FOR WHICH OF PERFORMED 218. PLACE OF INJURY (about bome, farm, factory, street, office Tr) 21E. INJURY OCCURRE M. HILE AT NOT WHILE M. WORK AT WORK ed the deceased from 8 3, and that death occur 2 . M. O.	PERATION IF OPICAUSE PART a.g., in or 21c. WHERE DI bldg., etc.) INJURY OCCUR ED 21f. HOW DID LE 195, to- rred at 6 2 m., from 138. ADDRESS 4630 Mano	I OF DEATH, ENTER IN I OR PART II D (If In Baltimore City, give) INJURY OCCUR? 8/17/, 1957, to the causes and on the	that I last saw the date stated above
age is especially important.	MEDICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. (WAS F 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (House of Injury) 22. I hereby certify that I attended deceased alive on 1917, 192 23. SIGNATURE 24B. DATE ON REMOVAL (Specify) 11/3/14/2 (P. 20-5) ATE RECEIVED BY REGISTRAR'S SIGNATURE P. 20-5	TRIBUTING FEO TO THE CONDITION FOR WHICH OF PERFORMED 21B. PLACE OF INJURY (about bome, farm, factory, street, office WHILE AT NOT WHILE MORK AT WORK at the deceased from 12 24C. NAME OF CEMETE CATHEDRA CONDITION A. M. O. 24C. NAME OF CEMETE	PERATION IF OPICAUSE PART a.g., in or 21c. WHERE DI bldg., etc.) INJURY OCCUR ED 21f. HOW DID LE 195, to- rred at 6 2 m., from 138. ADDRESS 4630 Mano	INJURY OCCUR? 8/17/, 1957, to the causes and on the causes and causes	that I last saw the date stated above
is especially important.	MEDICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CON WAS F 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour OF INJURY 22. I hereby certify that I attended deceased alive on 19 con 19	CONDITION FOR WHICH OF PERFORMED 21B. PLACE OF INJURY (about bome, farm, factory, street, office) 21E. INJURY OCCURRED (and the deceased from street) 21. And that death occurred (and the deceased from street) 22. And that death occurred (and the deceased from street) 23. And that death occurred (and the deceased from street) 24. NAME OF CEMETE (CATHED R.) GNATURE	PERATION IF OPPLEADING CAUSE PART (A.g., in or linguist) INJURY OCCUR ED 21F. HOW DID (A.g., in or linguist) INJURY OCCUR ED 21F. HOW DI	INJURY OCCUR? 8/17/, 1957, to the causes and on the causes and causes	that I last saw the date stated above 23c. DATE SIGNED County) (State)



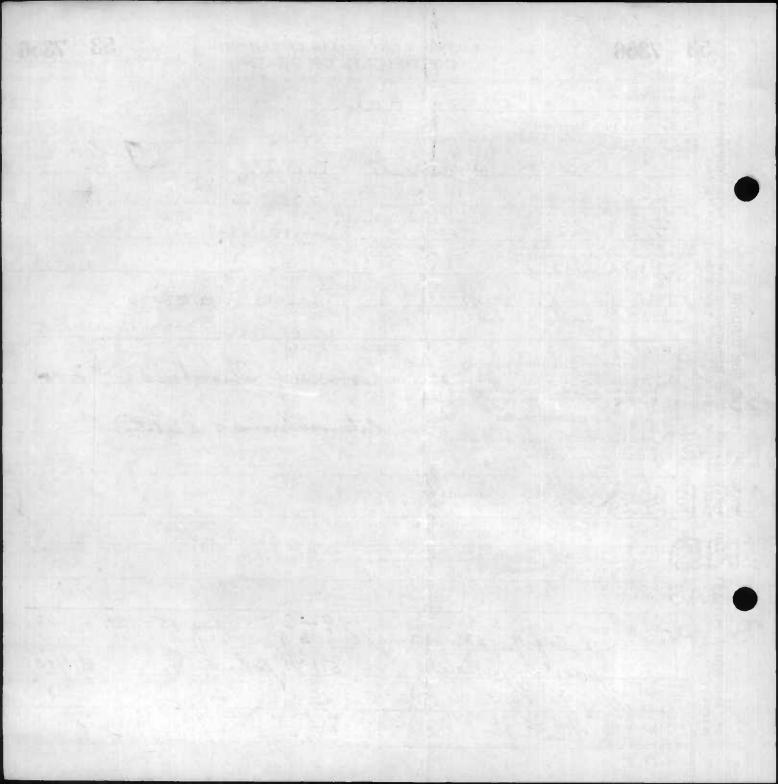
MARGIN RESERVED FOR BINDING

H	-400	
3//	7356	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	7356
Registered	No.	1000

BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print)	Q DEATHQUANT 15.1953
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived If institution; residence
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR logation)	CITY OR TOWN (If outside corp fat minite ribe LURAL and give
INSTITUTION 1220 90	township)
1330 M. Juricker M	D. STREET ADDRESS (If rural, give location)
C. A. o. Yrs. Mos.	D. STREET ADDRESS (II WILL, EIVE TOCKNOW)
c. Length of stay in Baltimore Days	B. DATE OF BIRTH 19, AGE (In years) II Under 1 Year If Under 24 Hours
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours: Min.
7 6 2	June 18, 1893 60
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House will o	and U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
191:01: Atomot	1. Dia Hauthan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no of unknown) (If yes, give war or dates of service) SECURITY NO.	and Hall 1330n. Stricken at
CAUGE	LINTERVAL RETILEEN
420,1 and 260x	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	We will 2 mm
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ronary mompous
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	L. 4 -1 0. 44')
Male	ensclarous & Winteley
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
A SUPERITURE CONDITION EXST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	PERATION 1F OPERATION WAS RELATED TO 20. AUTOPSY?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 0 19B. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE OF OEATH, ENTER IN
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (c. g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office	c. g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office) DEATH (NOTIFY MEDICAL EXAMINER)	e.g., in or DIC. WHERE DID (If in Baltimore City, give exact location) bldg.,eto.)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	c. g., in or 21C. WHERE DID (If in Baltimore City, give exact location) bldg.,etc.) ED 21F. HOW DID INJURY OCCUR?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office. DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	c. g., in or PART I OR PART II YES NO DID INJURY OCCUR? E. g., in or PART II N YES NO DID INJURY OCCUR?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office. DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	CAUSE OF CEATH, ENTER IN YES NO PART I OR PART I OR PART II NO PAR
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from 22. I hereby certify that I attended the deceased from	CAUSE OF CEATH, ENTER IN YES NO PART I OR PART II PART I OR PART I OR PART II PART I OR PART
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on Current 19.53, and that death occur	CAUSE OF CEATH, ENTER IN YES NO PART I OR PART II PART I OR PART I OR PART II PART I OR PART
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office) DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on Guy 11953, and that death occur 23A. SIGNATORE) A. D. Liliau M. D.	CAUSE OF CEATH, ENTER IN YES NO PART I OR PART II OR PART II YES NO PART II OR PART II YES NO PART II OR PART II YES NO PART II OR P
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office) DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on Guy 11953, and that death occur 23A. SIGNATORE) A. D. Liliau M. D.	CAUSE OF CEATH, ENTER IN YES NO PART I OR PART II OR PART II YES NO PART II OR PART II YES NO PART II OR PART II YES NO PART II OR P
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on Cause 1953, and that death occur 23A. SIGNATORE 24A. BURIAL, CRAMA 24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETE TION, REMOVAL (Specify)	CAUSE OF CEATH, ENTER IN YES NO PART I OR PART II OR PART II YES NO PART II OR PART II YES NO PART II OR PART II YES NO PART II OR P
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY 22L I hereby certify that I attended the deceased from deceased alive on 4 WHILE AT WORK 23A. SIGNATORE 24A. BURIAL. CRIMA 24B. DATE TION, REMOVAL (Streit) DATE RECEIVED BY REGISTRAR'S SIGNATORE DATE RECEIVED BY REGISTRAR'S SIGNATORE	CAUSE OF CEATH, ENTER IN YES NO PART I OR PART II PART I OR PART I OR PART II PART I OR PART II PART I OR PART II PART I OR PART I OR PART II PART I OR PART I OR PART II PART I OR PA
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (about home, farm, factory, street, office) about home, farm, factory, street, office) while at work 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY 22I I hereby certify that I attended the deceased from deceased alive on factor 1953, and that death occur 23A. SIGNATORE 24A. BURIAL, CRIMA SAB. DATE TION, REMOVAL (Streify) DATE RECEIVED BY REGISTRAR'S SIGNATURE	CAUSE OF CEATH, ENTER IN YES NO PART I OF PART II PART I OF PART I OF PART II PART I OF PART II PART I OF PART II PART I OF PART I OF PART II PART
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19A. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on and 1953, and that death occur 23A. SIGNATURE 24A. BURIAL, CRIMA 24B. DATE TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR DATE RECEIVED BY REGISTRAR'S SIGNATURE	CAUSE OF CEATH, ENTER IN YES NO PART I OF PART II PART I OF PART I OF PART II PART I OF PART II PART I OF PART II PART I OF PART I OF PART II PART
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (about home, farm, factory, street, office) about home, farm, factory, street, office) while at work 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY 22I I hereby certify that I attended the deceased from deceased alive on factor 1953, and that death occur 23A. SIGNATORE 24A. BURIAL, CRIMA SAB. DATE TION, REMOVAL (Streify) DATE RECEIVED BY REGISTRAR'S SIGNATURE	CAUSE OF CEATH, ENTER IN YES NO PART I OR PART I OR PART II PART I OR PART II NO PART II



B-650

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MARY BARRON	2. DATE OF DEATH HU9UST 14. 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MARVLAND
HOSPITAL OR INSTITUTION 831 C CILVIA D WILE	c. CITY OR TOWN (If outside corporate limits write P. JRAL and give township)
831 S. ELLWOOD AVE	BHLIIMORE ?
c. ngth of stay in Baltimore Mos. Days	831 S. ELLWood AVE
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year if Under 24 Heurs last birthday) Months; Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	409. 9, 1886 67
work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
RICHARD RAPPON	MARY TIERMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17 INFORMATIE
(X cs, no or unknown) (II Yes, give war or dates of service) SECURITY NO.	SISTER- ELLEN BARRON 831 SELLWOOD
18. 450.0 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	LYISALZA WOOSAB TOO
ANTECEDENT CAUSES	alubution.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE DR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
= 21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., ii	or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	INJURY OCCUR?
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from W	
deceased alive on Quy 14, 1952, and that death occur	
7.0. Henrican h. Mist	3501 Fait Cutz. 23c. DATE SIGNED 8-17-53
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	
BURIAL AUG 18, 1953 NEW CATHER	CAL COM. FREDEVICKRD BALTIMORE
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
AUG 17953 Tuntinglow Vellialus, M	John H. MORAN, 3000 E. BALTIMONE M
VS 150	RALTIMORE M
	9

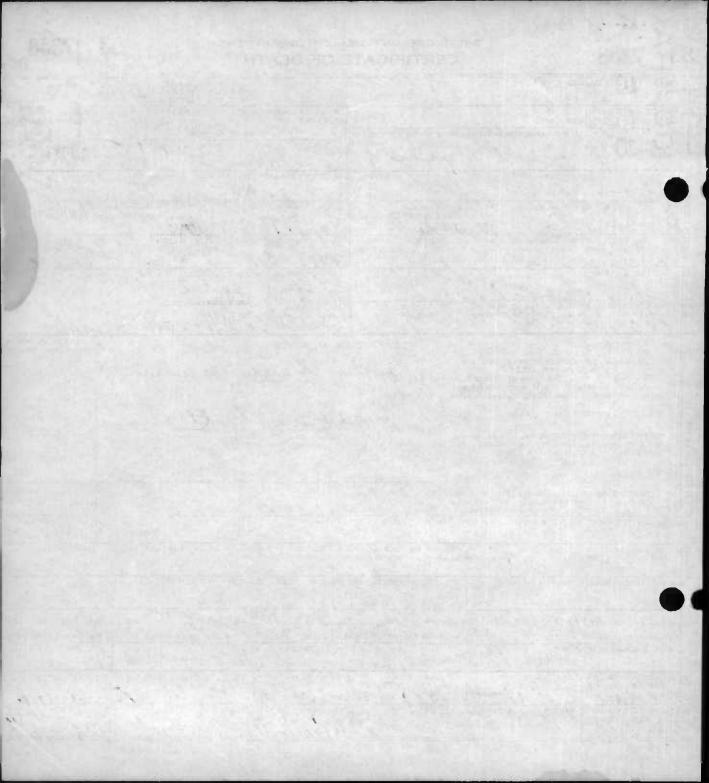
3501 Fisher

	C	-	4	0	0
53	7	35	8		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 7358

BI	RTH NO.	90		CERTII ICATI	L OI BLATTI	9	
	NAME OF D	DECEASED 01	2A,	2012		2. DATE 8-	14-53
3.	Baltimore (City, Maryland	13.04		4. USUAL RESIDENCE (Who	ere deceased lived. If i	nstitution: residence before admission)
B. F	FULL NAME		tal or instituti	on, give street address or	Mary la	-	detore administrary
	SPITAL OR	(H	1 11	location)	C. CITY OR TOWN (If or	atside corporate limits	, write AURAL and give
		(hovide:	nt lt	05 pilal	Baltimore	- 17	township)
7	9			Yrs.	o. STREET ADDRESS (If ru	ral, give location)	
a	ngth of s	stay in Baltimore		Mos. Days	1720 N. Ca	ivey IT.	
5.	SEX	6. COLOR OR RACE		. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H	Under 1 Year II Under 24 Hours oths Days Hours Min.
	Female	ed	Wig	10/1/	SEPT. 19.1904	43 chday)	rens Days Hours will.
10/	. USUAL OC	CUPATION (Givekindo	10B. KIND	OF BUSINESS OR	11. BIRTHPLAGE (State or fore	eign country)	12. CITIZEN OF
OLK	1/////	of working life, even if retired		INDUSTRY	Wilson 1	11/1	WHAT COUNTRY?
13.	FATHER'S	NAME ,	> ./		14. MOTHER'S MAIDEN NAM	AE, O	10010
	(Joh)	N/ L & 85	1 10 7	n	102 hol	10 1	
15.	WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL	17, INFORMANT		DDRESS
Yes,	no of inknown)	(If yes, give war or dat	es of service)	SECURITY NO.	Charles Cole	DOAH AN	A A A A
	17 (2	<u> </u>		01110=	CHANGE CA CL.	12011.00	INTERVAL BETWEEN
	18. 44	3× 1		CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Charles	s-lascines. (1	on dent	
	(This doe heart fail	s not mean the mode ure, asthenia, etc. It me	of dying, e. g	(A)		-000	
		complication which					
		ANTECEDENT CAU	SES	They	en ten in Alica	+ 10.	
Z	DISEASE	S OR CONDITIONS,	IE ANY CIVIN	(B)	a discus / fran	1 mises	
Ĕ	RISE TO	THE ABOVE CAUSE (A) STATING TH	E OUE TO			
۷ ا	UNDERL	YING CONDITION L	AST.				
E		11		(C)		•••••	
	OTHER S	SIGNIFICANT COND	DITIONS CON				
빙		G TO THE OEATH, BUT					
,				FINDINGS OF OPER	ATION		20. AUTOPSY?
Χ.							YES NO
ă	HOMICIDE	ENT. SUICIDE, (Specify)	21B. PLA about home, f	CE OF INJURY (e. g., i arm, factory, atreet, office bldg., e	or 21c. WHERE DID (If	in Baltimore City, g	ive exact location)
빌							
	21D. TIME INJURY	(Month) (Day) (Year	Hour)	11E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
I			m.	WORK NOT WHILE			
	22. I hereb	by certify that I at	tended the	deceased from Du	5. 7 1953 to Ch	rc. 14 1953	, that I last saw the
	deceased a	live on line. 14	1953	and that death occur	red at 8:00 A.m., from the	causes and on th	e date stated above.
	23A, SIGNA		()	2	3B. ADDRESS .	11 - 7 ,	23c. DATE SIGNED
		April		eyns M.O.	Trovadent	Hospilal,	8-14-53
24 T/A	A. BURIAL.	CREMA- 24B. DATE Specify)	10: - 2	4c NAME OF CEMETE	RY OR CREMATORY 240 100	CATION (City, town,	or/county) (pratcy
10	SWICH	6/18/1	963	11/1 (a	warm am clo	KUR M	12/1/1/1/1/1/
DA	TE RECEIVE	D BY PEGISTRAR	SSIGNATU	REAL PROPERTY.	25 FUNERAL SIRECTOR	300.	ADDRESS 99
-0	CAL REGIST	ille Thur	luglow	Webliams, 19	The Kallinger	Mean	Nahiareta 12
	AUG	1337	- fi		1.5-1110/4/11/11/	W-101111	124 ADTOMPA



V S 151

PER IT TO A LOVE IN

VS 150

D	-5	2	6
3	7360		

CERTIFICATE OF DEATH

53	7360
gistered No	

В	RTH NO.	CERTIFICAT	E OF DEAT	TH Registere	d No.
1. (T	NAME OF DECEASED type or Print)	meh else	mia.	2. DATE OF DEATH	MA 15.1953
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or inst	itution, give street address or	A. STATE	DENCE (Where deceased lived B. COUNTY	before admission)
H	DSPITAL OR HOPKINS HOPKINS HE			N (If outside corporate li	mits, write RERAL and give township)
C.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDR	W. Towette	4.
1	Burelo Colored %	GLE, MARRIED. OWED, DIVORCED (Specify	8. DATE OF BIRT	H 9 GE (In years last birthday)	Months Days Hours Min.
WOL	k done juring most of working life, even it retired)	IND OF BUSINESS OR INDUSTRY		(State or joreign country)	WHAT COUNTRY?
	Samuel Ball	Inall	14 MOTHER'S M	AIDEN NAMES	
(Ye	(If yes, give war or dates of service	16. SOCIAL SECURITY NO.	TOHNS HOP	KINS HOSPITAL	ADDRESS
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	LY (A)	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ICATION	injury or complication which caused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	eath.) DUE TO	lignant	hyperteno	
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED OISEASE OR CONDITION CAUSING IT.				
AL	V WAS PER			IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	YES NO
MEDIC	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF !NJURY out home, farm, factory, street, office	(e. g., in or 21C. WHE bldg., etc.)	ERE DID (If in Baltimore COCCUR?	ity, give exact location)
-	21D TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	V DID INJURY OCCUR?	
	22. I hereby certify that I attended to deceased alive on \$1.5, 19.5				sthat I last saw then the date stated above.
	234. SIGNATURE WAS A	М. о.	JOHNS HOPK	INS HOSPITAL	23C. DATE SIGNED
	da. BURIAL, CREMA- 48. DATE	Balle 10	LAND CHATOR	24D LOCATION (City, to	wn, or gounty) (State)
D	ATE RECEIVED BY REGISTRAR'S SIGN.	Williams Ma	125 FUNERAL DI	Is Williams	MANNA A

新成城中国传 之中

/	7	5	lan
1-	6	ar the	Villa I
53	7363	L	

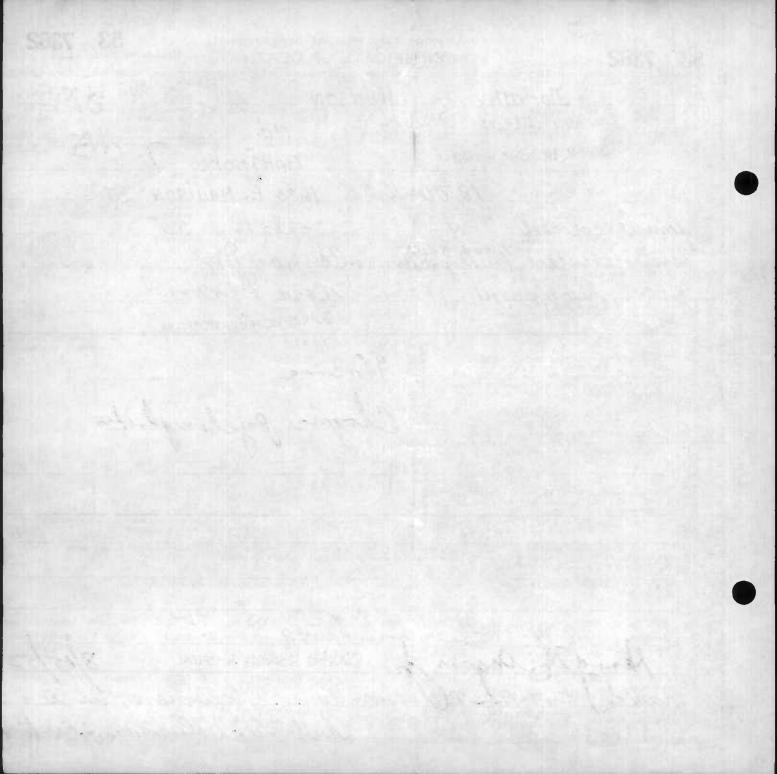
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7361

1. NAME OF DECEASED (Type or Print) Joseph Kazanowski	2. DATE OF DEATH Aug, 16, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland 220 S. Chester Street B. FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY Jefore admission)
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore-31,
c. Length of stay in Baltimore 50yrs Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 220 South Chester Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 19. AGE (In years Il Under 1 Year If Under 24 Hours
Male White Married	Nov, 3-1889 63 9 13
10a. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) Laborer 10a. USUAL OCCUPATION (Givekind of ork long) 10b. KIND OF BUSINESS OR INDUSTRY 10c. Bethlehem Steel Co.	11. BIRTHPLACE (State or foreign country) Poland 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leopold Kazanowski	Elizabeth ??
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Anna Kazanowski 220 South Chester Street
18. 58 1.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ic cirrhosis of the liver ?
ANTECEDENT CAUSES	
(a)Arter	iosclerosis ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	rdial insufficiency 3 days
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	itral regurgitation ?
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
218. ACCIDENT WAS UNDER- 218. PLACE OF INJURY (6. g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	(If in Batchiole Otty, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURF INJURY WHILE AT WORK NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from ay	
deceased alive on Aug. 13, , 19 53. and that death occu	rred at 2 30 p.m., from the causes and on the date stated above.
23A. SIGNATURE	23s. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA-12 RB. HATTEUSHAS, M. 124C. NAME OF CEMETE	3037 O'Donnell St., Baltimore ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Burial Aug 19: 1956 St. Stanislaus	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Webes 705 & Rum 14
AUG 150 1500	2024
To the second se	1031

	1	1:325				
. 0	3	7362		TE OF DEATH	Registered No	7362
I. The		NAME OF DECEASED NAME OF Print)	tt. Uu	donn	2. DATE OF AUG 14	1953
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland	ed. Oslu 4	4. USUAL RESIDENCE (W	DEATH There deceased lived, If institute B. COUNTY	tion: residence before admission)
11y	HC	FULL NAME OF (If not in hospital OR STITUTION HOPKIN	al or institution, give street address location S HOSPITAL		outside corpor te limite, write	RURAL and give township)
e carefully legibly.	-	Length of stay in Baltimore	10 m. H. Mos	1102 T. Ma	rural, give location)	
(1) proof	-	SEX 6. COLOR OR RACE	7, SINGLE, MARRIED, WIDOWED, DIVORCED (Special	8. DATE OF BIRTH	9. AGE (in years Under last birthday) Months I	Year II Under 24 Hours Days Hours Min.
should be	XIO VOST)	A. USUAL OCCUPATION (Give kind of, doue during most of working life, eyen if retired)	108. KIND OF QUENESS OR			ITIZEN OF
VDING information of death cl	13	GATHER'S NAME	Pullips and Co	14. MOTHER'S MATTEN NA	AME .	.D.u.
BINDING of inform uses of dea	75 (You	. WAS DECEASED EVER IN U. 8 ARMEI) FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT HOPKINS H	ADDRE	SS
Rem	- EI	18. 600.0	A .	OF DEATH	[IN	TERVAL BETWEEN
E CT		DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mea	f dying, e.g., ns the disease,	rema		
02 P		injury or complication which c		mia and	1 .0 :4:	
RESEI FINK.	TION	DISEASES OR CONDITIONS, 11 RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	The first		
MARGIN UNFADING Physicians:	IFICA	II	(C)			р
MA UNF/ Physic	CERT	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT I DISEASE OR CONDITION CAUSING	RELATED TO THE	-		
H .	CAL		98. CONDITION FOR WHICH	CAUSE O	F DEATH, ENTER IN Y	es No V
6	MEDI	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE	about home, furm, factory, street, off	ice bldg.,etc.) INJURY OCCUR?		exact location)
LAINLY,		21D TIME (Month) (Day) (Year) OF INJURY	In. WHILE AT NOT W	HILE		
re Pi especi		22. I hereby certify that I att deceased alive on 8-14-	ended the deceased from 8.	urred at 4 Am., from ti	-/4- , 1953 tha	te stated above.
WRI		23A. SIGNATURE	Dagner A. M.D.	JOHNS HOPKINS HOS		inty) (State)
PLEASE WRITE PI	L	AA. BURIAL, CREMA 248. DATE DUNIAL 8-17-1	953 netlinbur	w Cem. Bal	timore, lu	cda
orn orn		ATE RECEIVED BY REGISTRAR'	S SIGNATURE	25 FUNERAL DIRECTOR		RESS

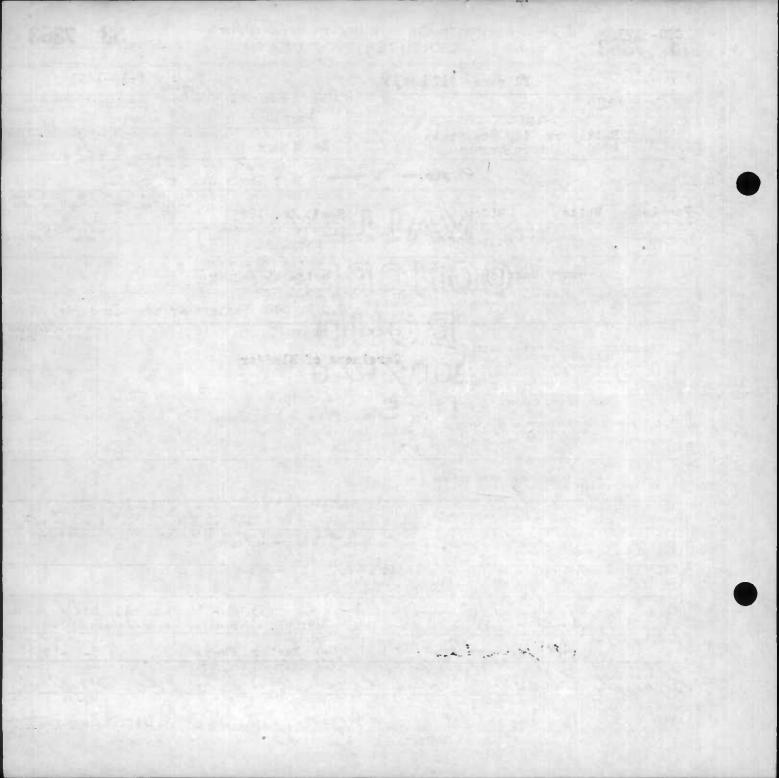
VS 150



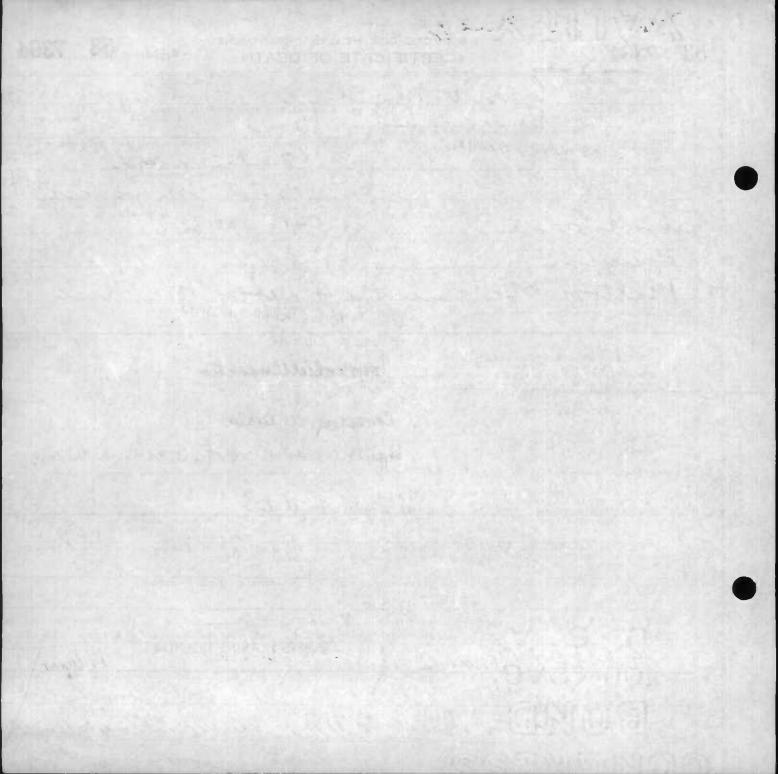
DIRTH I	10 303	4		CERTIFICA	TE OF DEA	ATH	Kegistere	d No	
	OF DECEA	SED	lorence	Gillooly			2. DATE OF DEATH	-14-19	153
A. Balti	more City,	Maryland	outal or institut	ion, give street addres	A. STATE	sidence (Wand	here deceased lived B. COUNTY		ution : residence before admission
HOSPITA	AL OR Balt	imere Ci Easter	ty Hospi	tals locat	on) c. CITY OR TO Baltimo	WN (If	outside from l	imits, well	teRURAL and give township
c. Leng	th of stay i	n Baltimore	67	yrs. M	D. STREET AD		rural, give location)	
5. SEX Femal	The state of the s	olor or RAC	7. SINGLE WIDOW WILLOW	E, MARRIED, VED, DIVORCED (Spe	Sept. 10,	17.75.477	9. AGE (In years last birthday)		Year If Undet 24 Hear Days Hours Min
10A. USI	JAL OCCUPA	TION (Give kind ng life, even if retire	of los. King	OF BUSINESS OF	11. BIRTHPLAC	CE (State or fo	reign country)		CITIZEN OF WHAT COUNTRY
13. FATI	HER'S NAME	Henry Ga	rrish		14. MOTHER'S Margare	MAIDEN NA t Wagner			
15. WAS (Yes, no or	DECEASED EVE	R IN U.S. ARM yea, give war or d	IED FORCES? ates of service)	16. SOCIAL SECURITY N	17. INFORMAN B.C.H. 49	T 40 Easte	ern Avenue	ADDRE (rec	ess ords)
NO DI RI UII	(C)								
()	SEASE OR COM	ERATION CAUSI		TION FOR WHICH	OPERATION	IF OPERAT	TION WAS RELATE F DEATH, ENTER OR PART II	D TO 2	O. AUTOPSY?
OR C DEAT	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)								
dece	l hereby cer ased alive o SIGNATURE	tify that I on $\frac{1}{2}$	ttended the	and that death of	8 - 8 - ,1 curred at9:00P	.m., from th	he causes and o	n the da	te stated abov
23A. THE BI		He Jare	ohu.	24C NOME OF CEM	23B. ADDRESS	tern Ave	nue	23 8 own, or co	-14-1953

BALTIMORE CITY HEALTH DEPARTMENT

20. AUTOPSY? YES e City, give exact location) , 1953, that I last saw the d on the date stated above. 23c. DATE SIGNED 8-14-1953 town, or county)



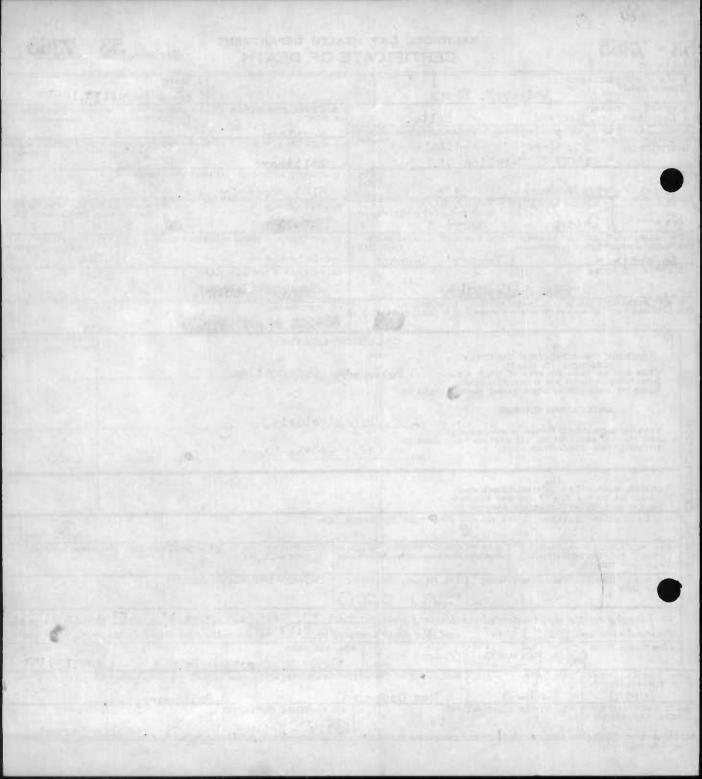
Registered No FICATE OF DEATH The BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) DEATEL supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Marylan A. STATE B. COUNTY before achilssion) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOPKINS HOSPITAL location) e carefully legibly. (If outside corporate l C. CITY & INSTITUTION OHNS township) o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days and BIRTH 6. COL OR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) should clearly 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work dangeuring most of working life even if retired) INDUSTRY WHAT COUNTRY? information death 14. M HER'S MAIDEN NAME BINDING 15. WAS DECEAS ED EVER IN U.S. ARMED FORCES of (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes of INTERVAL BETWEEN CAUSE OF DEATH .20.1 Every item write the car ana FOR 100 X ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., MARGIN RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. please ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE schentia Cado resculo dis can UNDERLYING CONDITION LAST. UNFADING Physicians: CERTIFIC H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH IF OPERATION WAS RELATED TO 20. AUTOPS WITH WAS PERFORMED MEDICAL CAUSE OF OEATH, ENTER IN especially important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING [] | 218. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF about bome, faros, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY, 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 8-16- 1953to 22. I hereby certify that I attended the deceased from_ , 19___, that I last saw the WRITE and that death occurred at () in from the causes and on the date stated above. deceased alive on 238. AOHAS HOPKINS HOSPITAL 23A. SUSNATURE 2 ge PLEASE correct ag 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY 248. DATE 240. LOCATION (City town, or county (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE UNERAL DIRECTOR LOCAL REGISTRAR VS 150



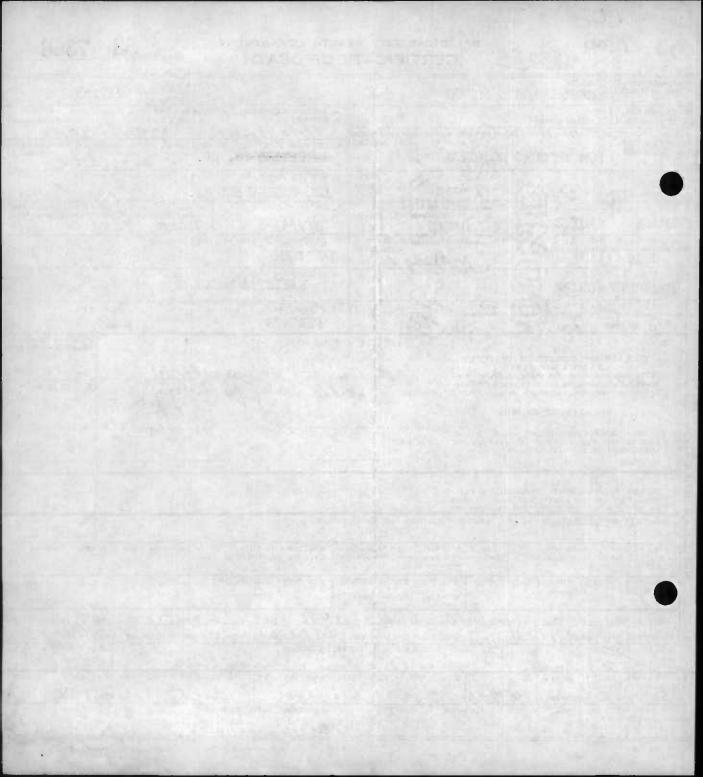
F=460

5	736 RTH NO.	35			E OF DEATH	Registered No	3 7365
1.	NAME OF D ype or Print)		w M. Flu	ry		2. DATE OF DEATH August	13.1953
Α.	PLACE OF D Baltimore	City, Maryland		alto.	4. USUAL RESIDENCE (A. STATE Md.	Where deceased lived, If in	
H	SPITAL OR	St. Joseph 1400 N. Ca	's Hospi	tal location		If outside corporate limits,	write RURAL and give
C.	Length of s	stay in Baltimore	Lif	Yrs. Mos.	D. STREET ADDRESS (I		
5.	sex ale	6.COLOR OR RACE	7. SINGLE	MARRIED. D. DIVORCED (Specify	8 DATE OF BIRTH	9. AGE (In years) HU	nder 1 Year ths: Days Hours Min.
10 worl	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND C	F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country) 1	2. CITIZEN OF WHAT COUNTRY
13	Supervis FATHER'S	700- 4 187	l'amen To	Pana Gazala	14. MOTHER'S MAIDEN		
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	is Flur	6. SOCIAL	Mamie Lambdi		
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Helen Flury	7.0	ame
ERTIFICATION	(This does heart failt injury or DISEASE.	SE OR CONDITION LEADING TO DEA's s not mean the mode of pre, asthenia, etc. It mean complication which of ANTECEDENT CAUSE S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	rH of dying, e.g., ns the disease, eaused death ses F ANY, GIVING STATING THE	(B) Bro	ary Suppuration achiectasis at of the Lungs		
CERT	TRIBUTING	SIGNIFICANT CONDI TO THE DEATH BUT USEASE OR CONDITION	NOT RELATED				
EDICAL		7		INDINGS OF OPE			YES NO
MEDIC		R CONTRIBUTING DEATH	21B. PLACI	E OF INJÜRY (e. g., a,factory,str ést ,office bldg.	in or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, giv	e exact location)
	TIME INJURY	(Month) (Day) (Year)	WHI	E. INJURY OCCURE LE AT NOT WHILE ORK AT WORK		RY OCCUR?	
	deceased a	live on August 13	ended the de , 1953, an	d that death occu	rred at 8:17 PM, from	agust 13, 1953, the causes and on the	that I last saw the date stated above.
	23A. SIGNA	K spir	relli	M. D.	238. ADDRESS 1400 N. Carolí	ne St.	A.1g. 17, 153
	n. Burial, Son, Removal (S	1 8-18-	53	New Cathed		Baltimore, Md	
	ATE RECEIVE	RAR	S SIGNATURE	ticher Mon	25. FUNERAL DIRECTOR		

Lilly & Zeiler, Inc 403 S. Wolfe Street 2903L



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF 8/17/53 BABY DOLORES SCHARF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY , before admission) 15AL (If not in hospital or institution, give street address or MORE B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION BON SECOURS HOSPITAL ATONSUIL D. STREET ADDRESS (If rural, give location) Yrs. 9 days 124 CHERRYDELL RD. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | ff Under | Year | ff Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify FEMALE 9 days SINGLE 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY BALTIMORE NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARIETTA BUCCI FRANKLIN SCHARF 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. PARENTS SAME NONE NONE NONE INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Malmitrion dely diafion (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ਹ 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL YES X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY NOT WHILE , 163, to Agest 12, 1953, that I last saw the 22. I hereby certify that I attended the deceased from August 16 deceased alive on August 17, 1953, and that death occurred at 8 70 Am., from the causes and on the date stated above. 23A. SIGNAFURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE AEDRAL 1349196 REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR ALIC

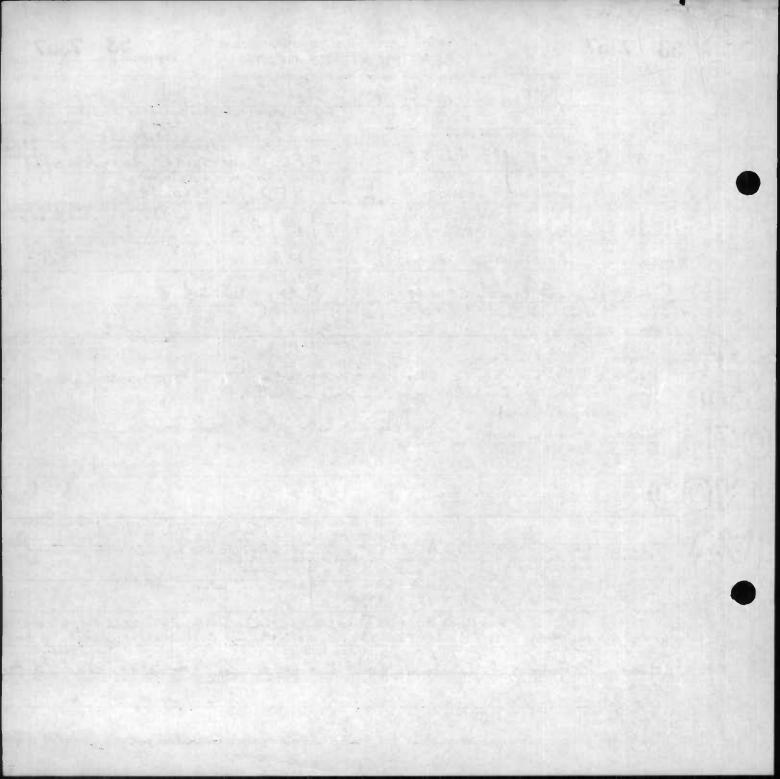


	2	5-352	
The	BI	53 7367 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 73	67
Every item of information should be carefully supplied. The vrite the causes of death clearly and legibly.	1. (T) 3. A. B. HCIN 5. 10 work	1. NAME OF DECEASED (Type or Print) STINCH COMB, Charles G. 2. DATE OF DEATH OF DEATH A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION WILL OF Md. HOSP. C. CITY OR TOWN (If outside corporate limits, write RUR RFD Millersville, Aure Arole No. Stay in Baltimore S. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) Maryled Ox Antion WIDOWED, DIVORCED (Specify) Maryled Ox Apriled 10. STREET ADDRESS (If rural, give location) RFD Millersville B. DATE OF BIRTH S. AGE (In years last birthday) Months: Days 10. STREET ADDRESS (If rural, give location) RFD Millersville B. DATE OF BIRTH S. AGE (In years last birthday) Months: Days 11. BIRTHPLACE (State or foreign country) 12. CITIZE WHAT WAS DECEASED EVER IN U. S. ARMED FORCES? 13. FATHER'S NAME C. LARY WOOD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Maryles 17. INFORMANT Raymond A STATE A.	AL and give township) If Under 24 Hours Hours Min.
Every item write the cau			ANO DEATH
INK.	ICATION	ANTECEDENT CAUSES (B) BYULLIA THE OUE TO UNDERLYING CONDITION LAST. (C)	······································
UNFADING Physicians:	CERTIFIC	DISEASE OR CONDITION CAUSING IT.	
hri .	SAL	WAS PERFORMED CAUSE OF OBATH, ENTER IN YEB	NO X
. 0	MEDIC	DEATH (NOTIFY MEDICAL EXAMINER)	ocation)
	4	210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK 21F. HOW DID INJURY OCCUR?	
		22. I hereby certify that I attended the deceased from Queg / , 1953 to Queg /4, 1953 that I la deceased alive on Queg /4, 1953 and that death occurred at 11:20 m., from the causes and on the date sto	st saw the
SITE s esp			E SIGNED

w the above. 240 LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY (State)

24A. FURIAL, CREMA-TION, MEMOVAL (Specify) 25. FUNERAL DIRECTOR 8/18/52 G Glen Maryland DATE RECEIVED BY

AUC 1 8 130

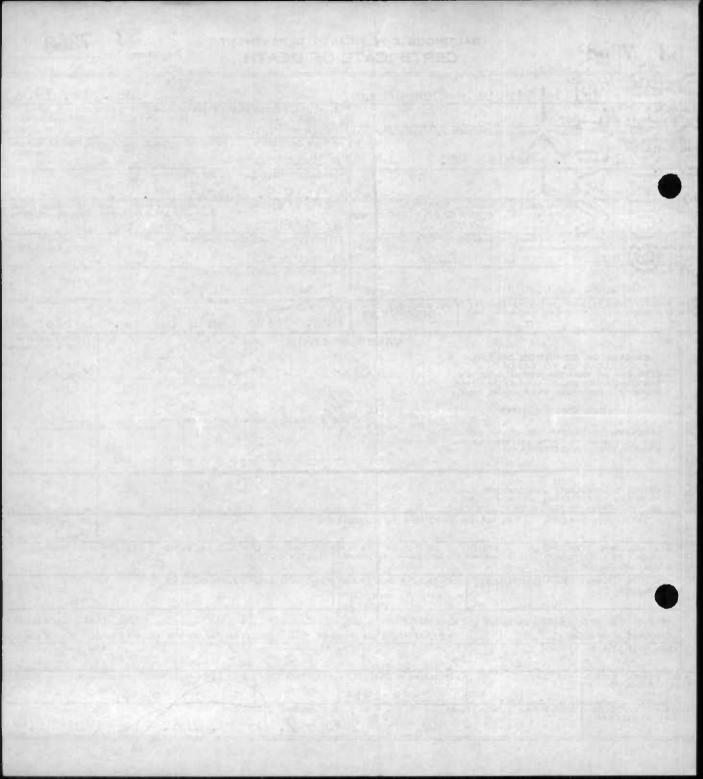


1-312

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7368 Registered No.

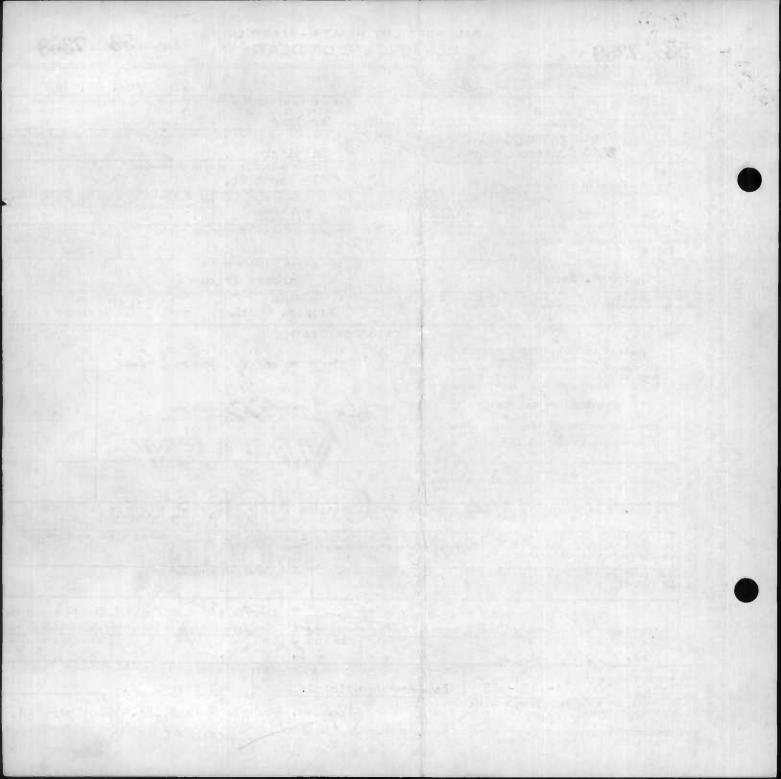
BI	RTH NO.				e or bertiii			
	NAME OF D					2. DATE		
			rginia	Thompkins			ıg. 15,	
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, I		residence re admission)
В.	FULL NAME		al or institut	ion, give street address or	Maryland			
	DSPITAL OR			location)	c. CITY OR TOWN (If	outside corporate lim	its, write RUF	RAL and give
	1	.619 S. Cha	rles S	t.	Baltimore	2	3-07	township)
1				Yrs.	o. STREET ADDRESS (If	rural, give location)		
c.	gth of s	tay in Baltimore		Mos. Days	1619 S. Char	cles St.		
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)		If Under 24 Hours
	F	W		rced	2/24/1873	80	zonona Daja	ilodis min.
1C	A. USUAL OC	CUPATION (Give kind of of worklog life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZE	
	House			Home	Maryland		WHAI	COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME		
	Geo	rge Callah	an		Susan Ann Pir	nkine		
15	. WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(re	s, no or unkoown)	(If yes, give war or date	s of service)	SECURITY NO.	Mrs. Olive Sar			les St
	18. 4.91	.1.		CALISE	OF DEATH			AL BETWEEN
	701	SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH			ANO DEATH
		LEADING TO DEAT	ГН	LO LO	hama a Carleste	udelis	14	h.
	heart failu	not mean the mode of re, asthenia, etc. It mea	ns the disease	e,				*******************
	injury or	complication which c	aused death	.) DUE TO	0, .			
		ANTECEDENT CAUSES - Almand anasarca 6 mas						
Z O	DISEASES	S OR CONDITIONS, II	F ANY, GIVIN	(B)				
Ē	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E OUE TO				
C				(C)	***************************************	**********		••••••
CERTIFICATION		11						
2	OTHER S	IGNIFICANT CONDI	TIONS CON	1-				
CE	TO THE O	ISEASE OR CONDITION	CAUSING I	г				
۲	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. A	UTOPSY?
CA	4.0010		L 045 DL 4	CE OF IN U.D. /	Lose Mulepe Dip (I	e to Politico Cit	YES	No W
MEDICAL		ENT WAS UNDER CONTRIBUTING DEATH		ACE OF INJURY (e. g., id arm, factory, street, office bldg., e	2 or 21c. WHERE DID (I. INJURY OCCUR?	f in Baltimore City,	give cxact ic	ocation)
~	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
	- Noon		m. 1	WHILE AT NOT WHILE				
	22 I hereh	as contifes that I att			uly 7 , 195 76 Cer	4 /5 10.	13 that I la	ot same the
				accounted from	red at 10: Am., from ()			
	23A. SIGNA		A A		3B. ADDRESS	Causes and on		E SJGNED
	100	2 /Me	hus!	W M. O.	1279 milles	m /	8/1	7/53
2	AA. BURIAL. (S	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240. LC	OCATION (City, tow	n, or county)	(State)
110	Burial	Aug. 18	3, 158	Cedar Hi	Ri+	chie Hgwy	. /	
	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTOR	OTTTO HEMY	ADDRESS	
L.	DCAL REGIST	RAR	ston /	The 11 have the	John F. Denny,	AInc. 715	Light	St.
=	34-11-1-12		4	8 6	4 4 40 242 3 9	7	2270	



		11	Ž
		/	-
	he	E H	3
	_;		1
	plied	1 3	3
	dns	E	3.
	ully	li	1
	gibly	-	-
	be co		5
	uld y an		Í
	sho	W	01
	tion th cl	-	1
5	dea		
7	info s of	0	Y
707	n of	-	PA
1	iter he c		
1	very		
7 4 7	WF		
DALIGHT AND TOTAL MINISTER	INK	1	2
77	VG :	i	N,
150	ADIT cians	1	1
777	NF/		1
	H U		נ
	VIT	1	4
	Y, V		1
1	INL y in		4
	WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The is especially important. Physicians: please write the causes of death clearly and legibly.		
	EE]		
	VRI	4	
	1 0	11.	

VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 2. DATE NAME OF DECEASED Type or Print) MATILDA HAUSNER OF Aug. 15, 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence PLACE OF DEATH: before admission) B. COUNTY Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or FULL NAME OF OSPITAL OR Southern Hospital & Home C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 2520 Greenmount Ave. Baltimore St. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 611 Scott St. Length of stay in Baltimore Days 8. DATE OF BIRTH If illuder 24 Hours If Under 1 Year SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) emale whi te May 8, 1875 widowed 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108. KIND OF BUSINESS OR DA. USUAL OCCUPATION (Give kind of WHAT COUNTRY? k doneduring most of working life, even if retired) INDUSTRY U. S. none 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob G. Haug Barbara Irion PERFEVED FOR BINDING 5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or unknown) (If yos, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Records, Southern Home 2520 Greenmount CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION CAUSE OF DEATH, ENTER IN WAS PERFORMED PART I OR PART II 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT 2, 1950 to 1 19 5 that I last saw the 22. I hereby certify that I attended the deceased from. m., from the conses and on the date stated above. au 151953, and that death occurred at 2 deceased alive on_ 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 443 E. 25th St. w. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE PLEASE correct ag 8 - 18 - 53 Baltimore. Md. Loudon National Burial 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE DATE RECEIVED BY Inc.-1900 Eutaw Pl. LOCAL REGISTRAR



53 7370

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7370

-	IRTH NO.	10		CERTIFICAT	E OF DEATI	H Registered	No.
1. (T	NAME OF D Type or Print)		1ARY	HROMEY		2. DATE OF DEATH AU	G. 16-1953
Α.		EATH: City, Maryland			4. USUAL RESIDE	ENCE (Where deceased lived, I	
H	FULL NAME OSPITAL OR ISTITUTION		10	tion, give street address or location)	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and giv
c.	Length of s	tay in Baltimore	Life	Yrs. Mos. Days	625 S.	SS (If rurat, give location)	E.
L	male	White	WIDOV	E. MARRIED, VED, DIVORGED (Specify)	Sept 8-19		if Under I Year If Under 24 Hours Min.
1C	A. USUAL OC k done during most of	CUPATION (Give kind of working life, even if retired	10B. KINE	O OF BUSINESS OR INDUSTRY	Salto.	state or foreign country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S N	malcze	wski		14. MOTHER'S MA	S Werczyc	ki
15 Ye	MAS DECEASE m, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or dat	ED FORCES? tes of service)	16. SOCIAL SECURITY NO. 216-01-0595	mc John	7/1-28-1	ADDRESS 25 S. Deskur
FRIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU SOOR CONDITIONS, HE ABOVE CAUSE (A VING CONDITION L GIGNIFICANT COND STOTHE DEATH, BUT ISEASE OR CONDITION	ATH of dying, e.; ans the disease eaused death SES IF ANY, GIVIN) STATING TO AST. DITIONS COL	8., (A) CAN 8., (B)		- LEFT BAFA	ONSET AND DEATH
ALC				FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDIC	LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year	about home,	ACE OF INJURY (e.g., if farm, factory, street, office bldg.,	(to.) INJURY OCCUI		give exact location)
	YAULNI		m.	WHILE AT NOT WHILE			
2.		MO anth	11953. Xteli	and that death occur	3B. ADDRESS	from the causes and on -HLAND 24D. LOCATION (City, tow.)	23c. DATE SIGNED
DL	ATE RECEIVED	D BY REGISTRAN	-53	Jacred Her	25. FUNERAL DIRI	Balti Co	PADDRESS
	7110	1	- 1-	Will a sun M.	Alex St U	Anel le - 4/8/	ation alis

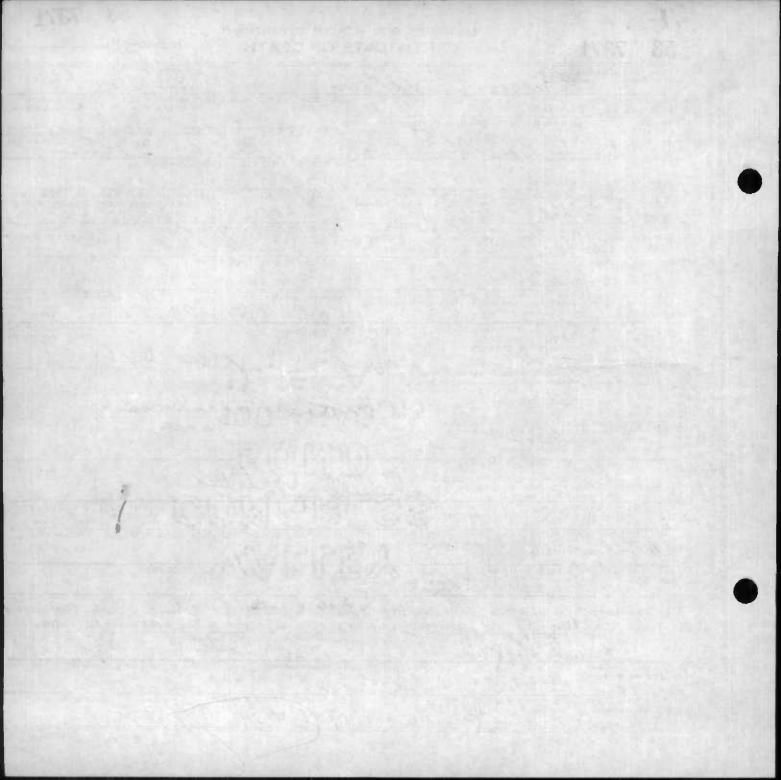
	1	N-425		53 7371
Je	RI		E OF DEATH	Registered No.
d. The	1. (T;	NAME OF DECEASED Cannie & Wilse	ru .	2. DATE 8/6/53 /30 DEATH /6/53 /30
upplie	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address o	A. STATE MI	re deceased lived. If institution: residence B. COUNTY before admission)
ld be carefully supplied. and legibly.	H	SPITAL OR STITUTION 33.4 E. Belveders ave		tside corporate limits, write RURAL and give
caref	8	Yrs. Mos.	1221 & Ral	ral, give location)
d be and le		Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARKIED. WIDOWED DIVORCED (Specify	8. DATE OF BIRTH	AGE (In years II Under I Year last birthday) Months Days Hours Min.
shou	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign	gn country) 12. CITIZEN OF WHAT COUNTRY?
VDING information s of death cl	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	E (-
form f dea		JEO. HELDE. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Margan E/	(Un/(nown) ADDRESS
R BINDIN	(Ye	, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Stunley Wilson	2551 Kink Ave
RESERVED FOR INK. Every item please write the cau	NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	or DEATH our lyses	rlites onset and Death
RGIN RI ADING I	ICATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)(C)	<i>p</i> —	
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.	ietes hellotu	1.
HH	AL	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH C	CAUSE OF PART I OR	
-	EDIC	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		in Baltimore City, give exact location)
TE PLAINLY, especially impo	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT NOT WE WORK AT WO	ILE []	RY OCCUR?
E PL.		22. I hereby certify that I attended the deceased from deceased gave on and -15, 1953 and that death occur	, 10	bauses and on the date stated above.
WRITE ge is espe		23A. SIGNATURE M.D.	(3) Charts	23c. DATE SIGNED 8-17-53
E S	2. Th	IA. BURIAL GRENA 248 DATE 24C. NAME OF CEMET	ERY OR CREMATORY 240. LOC	CATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE



	The
	supplied.
	carefully egibly.
	should be arly and l
BINDING	FLAINLY, WITH UNFADING INK. Every item of information should be carefully supplie pecially important. Physicians: please write the causes of death clearly and legibly.
FOR	r item
RVED	Every write
RESE	INK.
MARGIN RESERVED FOR BINDIN	UNFADING Physicians:
	WITH rtant.
	PLAINLY, ecially impo
	F-7 P4

1e		7372 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT 53 E OF DEATH Registered No.	7372		
The		NAME OF DECEASED SIDNEY	MC CALL 2. DATE OF August	16, 1953		
lly supplied.	B. HC	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Contin hospital or institution, give street address or observation or location) St. Joseph's Hospital	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission			
carefu legibly.	4	Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 826 E. North Avenue			
d be ca		Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married Married	8. DATE OF BIRTH 9. AGE (in years) If Unit	der I Year H Under 24 Hours hs Days Hours Min.		
Every item of information should be carefully supplied vrite the causes of death clearly and legibly.	Rors	a. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR INDUSTRY et. Contractor & Builder	11. BIRTHPLACE (State or foreign country) 12 Canada	2. CITIZEN OF WHAT COUNTRY?		
	13	. FAITER'S NAME	14. MOTHER'S MAIDEN NAME			
	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Sidney Rozelle McCall, 969 North Hill Road			
Every item or write the cause		DISEASE OR CONDITION DIRECTLY	OF DEATH ensive Heart Disease	ONSET AND DEATH		
G INK.	RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)				
UNFADING INK. Physicians: please	Ш	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
H4	7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?		
ILY, WITH important.	EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	n or 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?			
./	Ĭ.	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK				
VRITE PLAIN is especially		22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the \boxtimes \triangle , accident \square , suicide \square , homicide \square , und	day stated above, letermined □.		
/R]		23A. SIGNATURE	23B, CHIEF MEDICAL EXAMINER X 23C.			

M.D. MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE (State)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) burial DATE RECEIVED BY LOCAL REGISTRAR

St.

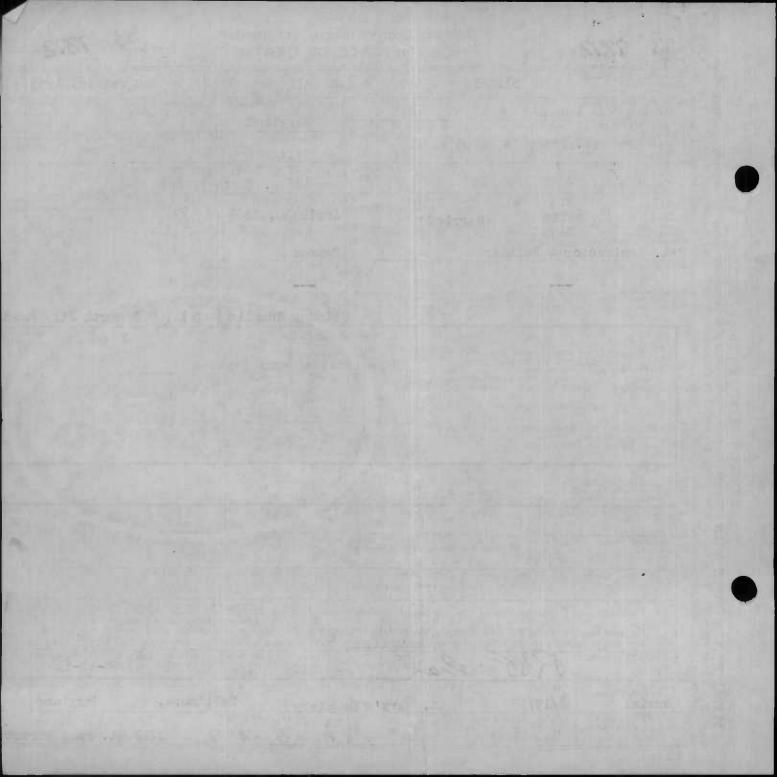
Baltimore,

Maryland

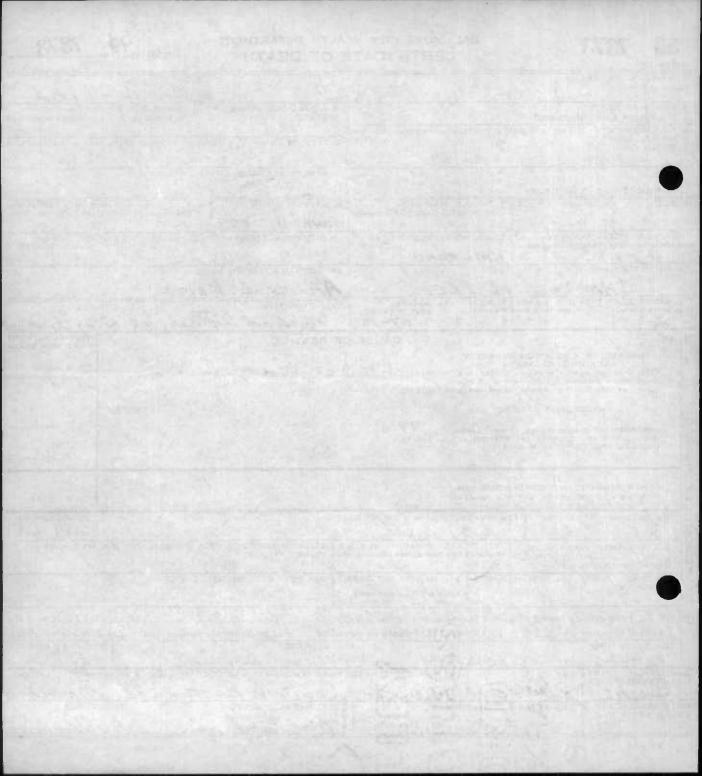
REGISTRAR'S SIGNATURE

Cemetery Bal

1217 St. Paul Street



1 /	-600							
	52 170170	BA	LTIMORE CITY HE	EALTH DEPARTMENT	53	グクトノウ		
BI	53 7373 RTH NO.		CERTIFICAT	E OF DEATH	Registered No.	1013		
1.	NAME OF DECEASED	1	(2. DATE	0/		
	ype or Print)	lohn	17. Fre	e	DEATH 8	17/53		
	PLACE OF DEATH: Baltimore City, Mary			4. USUAL RESIDENCE (V	Where deceased lived. If ins B. COUNTY	before admission)		
H	SPITAL OR	t in hospital or institu	ation, give street address or location)		outside corporate limits,	write RURAL and sive		
IN	STITUTION Me v Cy	Hospi	401	Baltimo	re 12.	township)		
		11	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)			
	bength of stay in Balt		Days	118 E 2	4th st			
3.	SEX 6.COLOR	WIDO	E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Um last birthday) Month	dar I Yaar If Under 24 Hours as Days Hours Min.		
10	A. USUAL OCCUPATION	Givekindof IOB, KIN	D OF BUSINESS OR	JUNE 11, 1893	oreign country) 12	2. CITIZEN OF		
work	done during most of working life, ev		ROAD	Manuel	d	WHAT COUNTRY?		
13	FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME	01.3		
	CHARLE	ES H. F	REE	AMANDA E. K	RICK			
(Yes		, S. ARMED FORCES? war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS		
	No		1717-07-7671	mildred G.	tinee, 118 to			
	18. 154X	I DITION DIRECTLY	CAUSE	OF DEATH	2-/	ONSET AND DEATH		
		TO DEATH	F1.	troly tentotal	olonce	2 doys.		
	heart failure, asthenia, e injury or complication	etc. It means the disea	se,			- Control of the cont		
	ANTECEDE	NT CAUSES						
N	DISEASES OR CONDI	TIONS, IF ANY, GIVI	(B)	***************************************	***************************************			
ATIO	UNDERLYING COND	AUSE (A) STATING T	HE DUE TO					
2			(C)			***************************************		
RTIFICATION	OTHER SIGNIFICAN	I CONDITIONS CO	N -					
CEF	TRIBUTING TO THE DEA	ATH, BUT NOT RELAT	ED					
	19A. DATE OF OPERATI	ON 19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?		
EDICA	21A. ACCIDENT WAS U	218 Pi	ACE OF INJURY (e. g., i	a or 21c, WHERE DID (I	f in Baltimore City, give	YES NO L		
MEDI	LYING OF CONTRIBU	INDEL .	, farm, factory, street, office bldg.,		I iii Barrinore erry, griv	. cauco rocationy		
	P. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?							
		m.	WHILE AT WORK					
	22. I hereby certify th					that I last saw the		
	deceased alive on 23A. SIGNATURE	7 11 , 1925,		red at 8:50 m., from t		23c. PATE SIGNED		
	blober a.	moore	M. D.	mercy Hoops	ital	8/17/53		
710	A. BURIAL, CREMA- N. BEMOVAL (Specify)	DATE	24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, or	county) (State)		
DATE RECEIVED BY REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR ADDRESS								
	LOCAL REGISTRAR ALLEGATION AND BELL OF CALL ST							
=	VS 150	1 The state of the	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A COUNTY	745, 1217	31.1 700 - 1		
				2416				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, Mastitution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL ON 2 location) (If outside corporate limits, waite RURAL and give Yrs. ength of stay in Baltimore Days SINGLE, MARRIED 6. COLOR OR RACE 9. AGE (In years) H Under 1 Year WIDOWED, DIVORCED (Specify Inst birthday | Months Days Hours Min. married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, even lifetired) DINDUSTR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) WHAT COUNTRY 4.0.0 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S ARMED FORCES?
(Yes, no or unknown) (If yes, give or or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)

about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

WHILE AT NOT WHILE WORK

21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID

22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occurred at Y

INJURY OCCUR?

19 that I last saw the P. m. from the causes and on the date stated above. 23C. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF

CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Janas DATE RECEIVED BY

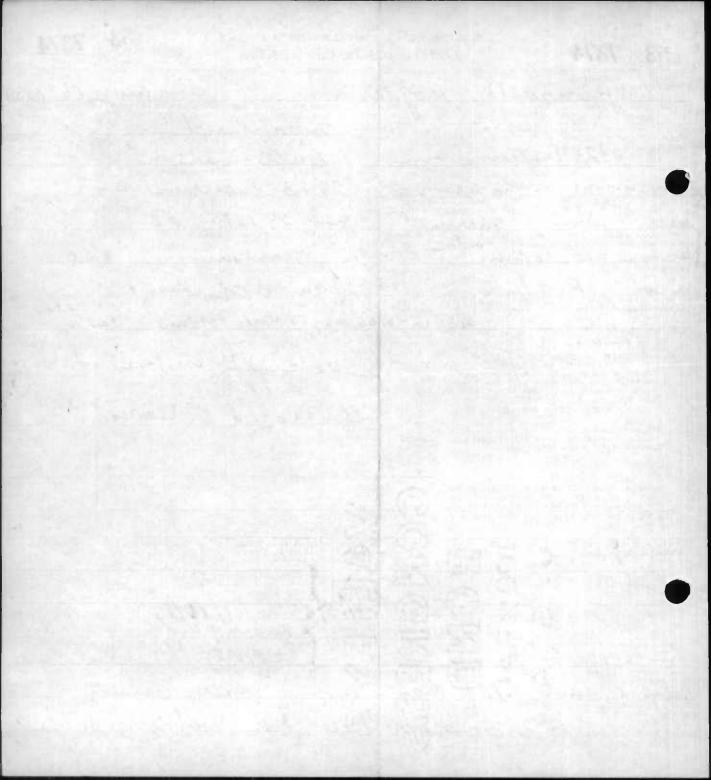
ERTII

25 FUNERAL DIRECTOR

LOCAL REGISTRAR

REGISTRAR

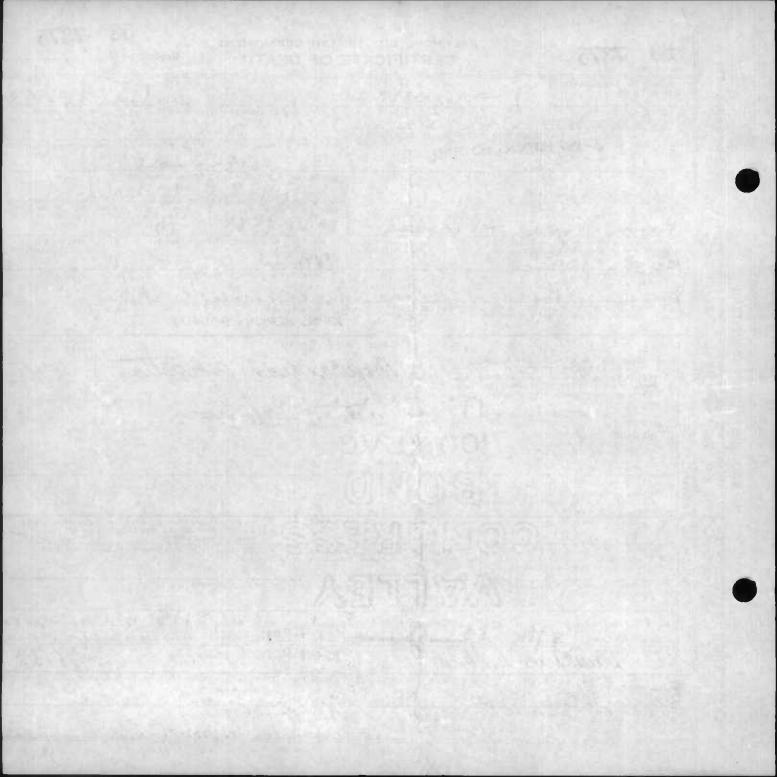
VS 150



The		53 7375 BALTIMORE CITY HE CERTIFICATE		53 7375 Registered No.			
	(T)	. NAME OF DECEASED Type or Print) PLACE OF DEATH: Baltimore City, Maryland	2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived if institution; residence B. COUNTY) before admission of the country of the count				
carefully supplied.	HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR NSTITUTION HOPKINS HOSPITAL					
d be carefuland legibly.		Yrs. Mos. Days SEX [6.COLOR OR RACE] 7. SINGLE. MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 14 Ho				
shoul		OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)	1-27-1883	last birthday) Months Days Hours Min. 1 Country) 12. CITIZEN OF WHAT COUNTRY			
ation ath cle		Housewife 3. FATHER'S NAME Julius Burkmaier	14. MOTHER'S MAIDEN NAME	Kirkhoff			
R BINDING em of inform causes of dea	W.	6. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKINS HOSPI				
RESERVED FOR INK. Every item please write the cau	NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Cardial Infa	PCluss / Week			
	FICATION	(C)	A) STATING THE DUE TO				
MARGIN UNFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
171	CAL		CAUSE OF !	DEATH, ENTER IN YES NO IN Baltimore City, give exact location)			
ILY, WITH important.	MEDI	OR CONTRIBUTING CAUSE OF Labout home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)	oldg.,etc.) INJURY OCCUR?				
AINI ally in		OF INJURY OF INJURY OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRE WHILE AT NOT WHILE AT WORK AT WORK	E				
RITE PLAINLY, is especially import			red at 7.00 Pm., from the composition of the compos	auscs and on the date stated above			
PLEASE WRITE correct age is est	2.	AA. BURIAL CHEMA: 24B. DATE 24C. NAME OF CEMETER 1919 24C. NAME OF CEM	o lem & Nor	TION (City, town, or gounty) (State)			
PLE		OCAL REGISTRAR	Level le out 170	1-03 N. Patterson Ba			

VS 150

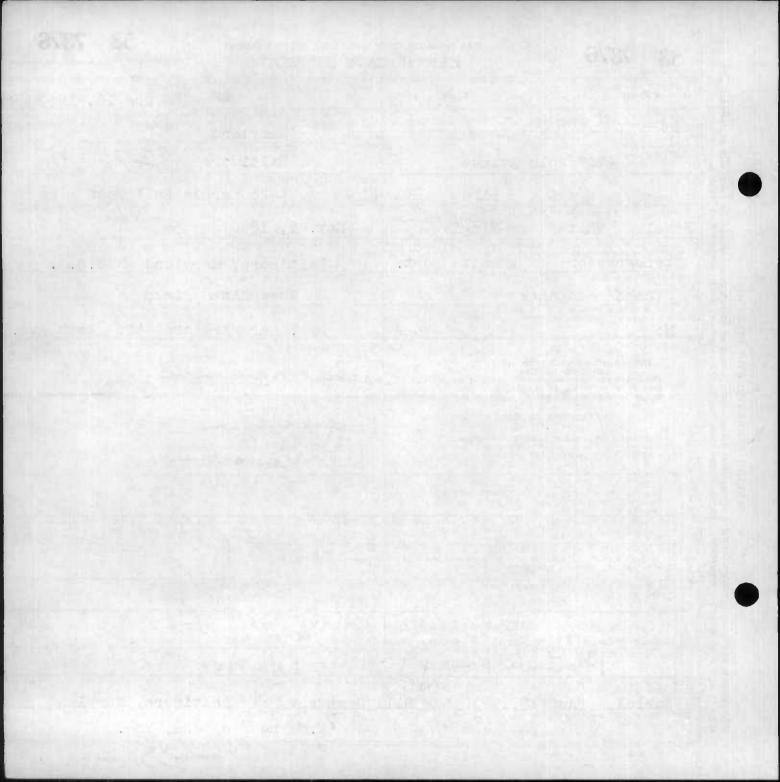
ava



MARGIN RESERVED FOR BINDING

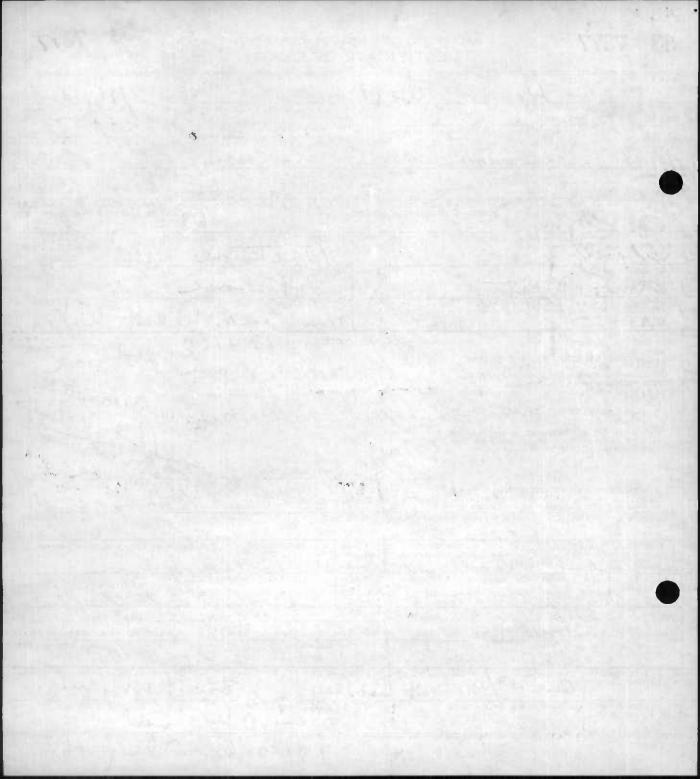
The

	-0 20	750		BAI	LTIMORE C	ITY HE	EALTH DEPA	RTMENT		53	7376	
В	53 7376 CERTIFICATI					E OF DEA	HTA	Regi	istered No.		_	
1.	NAME OF D	ECEASED	ROSE	7	STEPANE	K			2. DATE OF DEATH	Aug 7	6, 1953	
	PLACE OF D Baltimore		X				A. USUAL RE	SI DENCE	Where decease	ed lived. If ins	stitution : residence before admissi	
B. H	FULL NAME OSPITAL OR NSTITUTION	OF (II	not in hospita	7		address or location)	C. CITY ORKIC	arylan own (altimo	If outside corpo	orate limits,	write RURAL and a	giv hip
P	Ò	1201	11020	-11	4 4	Yrs.	D. STREET ADDRESS (If rural, give location)					
	c. Length of stay in Baltimore Life Mos. Days 5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED.						4426 Marble Hall Road 18. DATE OF BIRTH 19. AGE (In years) It Under 14 House					
F	emale	Whit	e	Sing	ved divorce	D (Specify)	Nov. 9,	1896	56	thday) Mont	der I Year lis Days Hours M	1014. Livi
MOL	10A. USUAL OCCUPATION (Give kind of work done during most of work ing life, even if retired) Stenographer 13. FATHER'S NAME 10B. KIND OF BUSINESS OR INDUSTRY Health Dept.					11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 12. CITIZEN OF WHAT COUNTRY U.S.A.						
	John		panek				Jos	sephin	e Pic	ka		
(Y	5. WAS DECEAS	(If yee, a	U.S. ARMED	FORCES?	16. SOCIAL SECURI	TY NO.	17. INFORMAN		,		RESS	
-	No 18. 33/	V			None	ALISE	OF DEATH	Mary K	rakora	4207	Kolb Ave	-
RTIFICATION	Consider the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (B) (C)											
ER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.											
AL C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP						PERATION	CAUSE	OF OEATH,		20. AUTOPSY?	
EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUS											
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT											
	22. I hereby certify that I attended the deceased from 16 Avgv6, 1953, to											
2	4A. BURIAL, ON, REMOVAL (S	CREMA-1.2	4B. DATE		24CMAME OF	M. O. CEMETE	RY OR CREMATO	DRY 24D.	LOCATION (City, town, or	county) (Sta	te)
D	Burial	D BY I R	ug 19,		Oak Hi	11 C	emetery	DIRECTOR	Baltimo	re, Ma	ryland	
	AUG 8 195 Tuntington Williams H. Sander & Sons, Inc. Baltimore, Maryland											
	VS 150				35	0 9		nore,		est. hu	ngler	



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF owayo DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution; residence A. Baltimore City, Maryland A. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Bar-HI-Ba Convaloscat Home - 2101 Coldspring township) Yrs D. STREET ADDRESS (If rural, give location) Mos gth of stay in Baltimore Days 9 AGE (In years | fi Unds; I Year | fi Unds; 24 Reus; last birthday) | Months Days | Hours Min. 6. COLOR OR RACE SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done daying wost of working life, even if retired) INDUSTRY WHAT COUNTRY nev ER'S MALDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ebout home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? Coldsoring contributions Kome 210 convolescent D. TIME (Month) (May) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID NJURY WHILE AT NOT WHILE WORK . 1953 that I last saw the 22. I hereby cottify that I attended the deceased from_ deceased alive on Aug 15 79. m., Abin the causes and on the date stated above. 1953, and that death occurred at_ 23A. SIGNATURE 238. ADDRESS 23C., DATE SIGNED M. D. 24A. BURIAL, CREMA-24g/NAME OF CEMETERY OR CREMATORY 24B, DATE TION, REMOVAL (Specify) 25. DINERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



E-400 53 7378

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 7378

BIRTH NO.							
1. NAME OF DECEASED (Type or Print) AGNES LUCAS ELY 2. DATE OF DEATH	5-52						
3. PLACE OF DEATH: A. Baltimore City, Maryland Provident Hours A. STATE B. COUNTY	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Plantdeat Haspital location) C. CITY OR TOWN (If outside corporate limits, we institution)	rite RURAL and give township)						
Free Duphney " Bolto Mayboard	cownship)						
Mos Mos A A 11 /2 A	D. STREET ADDRESS (If rural, give location)						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Months	1 Year If Under 24 Hours Days Hours Min.						
ork done during most of merking life, even if retired)	CITIZEN OF WHAT COUNTRY?						
Washington Ballo Maryland	WIIAI COOKINII						
Thomas Ely Fannie Robinson							
15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDR	ESS						
18. 443X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES (B) Appertensial Real disease							
DISEASES OR CONDITIONS, IF ANY, GIVING							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
ONDERETHING CONDITION EAST.							
(C)	***************************************						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?						
	YES NO						
2 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?	exact location)						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE							
m. work AT WORK							
deceased alive on \$-15-5319, and that death occurred at 3:0 from the causes and on the date state							
	3c. DATE SIGNED						
Lysiand L. Hama M.D. Thousand Haspital							
24a. BURIAN, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCAL OF CHILD OF CHILD SULLING	ounty) (State)						
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR	DOSS						
VS 150	MA						

22-14-3 a florence it has a Park in the second Hereit Sungher 621 M Parant Com. of Device Server the it was it is and Livery reach and the second (13 mills for the longuiter for for April de let and 1. 28. 83 / 6 10. 63 1-1-03 - 16

Registered No. 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution ; residence before admission) COUNTY (If outside corporate limits, write RURAL and give AGE (In year | | Under | Year | | Under 24 Hours | last birthday) | Months | Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Johnson ADDRESS JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN ONSET AND DEATH teris Arlenatic trans Desires IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN PART I OR PART II 21C. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? G- 16- 195 that I last saw the and that death occurred at 8: 25 ft., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) (State) Brooklyn ADRESS-VS 150

the settlement of the settle armed has sharp the

ll B	73.	80 173380		ATE OF DEAT		33 7380 ered No. 7380
11 (7	. NAME OF D Type or Print)	ECEASED Ma	e Ferby		2. DATE OF	8-14-53
3		EATH: City, Maryland	Bells, Oily	A. STATE	ENCE (Where deceased In B. COUN	
. H	FULL NAME IOSPITAL OR NSTITUTION		e City Mospital ioca	c. CITY OR TOWN	(If outside corpora	te limits, write RURAL a
legibly	Length of s	tay in Baltimore	26mm	Yrs. D. STREET ADDR	ESS (If rural, give locat	tion)
an	Female	6.COLOR DR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (S. Diversed	8. DATE OF BIRT	H 9. AGE (ln y	ears if Under I Year if Under ay) Months Days Hours
cleari,		CUPATION (Give kind of working life, even if retired)			State or forcign country)	12. CITIZEN O
s of death clearly	3. FATHER'S I	derman	7	14. MOTHER'S M.		
causes of c	5. WAS DECEAS es, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY N	17. INFORMANT	4940 Eastern A	ADDRESS V
write the	heart failu	LEADING TO DEA not mean the mode ire, asthenia, etc. It me complication which	ans the discase,	Rheumatic Hear	Disease	
please	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, IN THE ABOVE CAUSE (A) FING CONDITION LA	SES (B) IF ANY, GIVING STATING THE DUE TO			
please	OTHER SIG	ANTECEDENT CAUS S OR CONDITIONS, IN THE ABOVE CAUSE (A) FING CONDITION LA SINIFICANT CONDITIONS DEATH BUT NOT THE CONDITION CAUSING	SES (B)			
Physicians: please CERTIFICATION	OTHER SIGN TO THE DISEASE DISE	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION L. II SNIFICANT CONDITIONS DEATH BUT NOT IN CONDITION CAUSING CA	SES (B)	H OPERATION	IF OPERATION WAS REL CAUSE OF DEATH, EN PART I OR PART II RE DID (If in Baitimor DCCUR?	YES N
important. Physicians: please MEDICAL CERTIFICATION	OTHER SIGN TO THE DISEASE DE 19A. DATE CONTRIL DEATH (NOT	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) IN THE ABOVE CAUSE (A) IN THE ABOVE CONDITION LAST CONDITIONS DEATH BUT NOT IN CONDITION CAUSING OF OPERATION OF CAUSE	SES (B)	H OPERATION RY (c. g., in or 21c, WHE , office bldg., etc.)	CAUSE OF DEATH, EN PART I OR PART II	re City, give exact locat
important. Physicians: please MEDICAL CERTIFICATION	OTHER SIGNOTHER	ANTECEDENT CAUSES OR CONDITIONS, IN HE ABOVE CAUSE (A) YING CONDITION L. SINIFICANT CONDITION L. SINIFICANT CONDITION CAUSING PROPERATION OF OPERATION OF OPERATION OF OPERATION (To a condition of the conditio	SES IF ANY, GIVING STATING THE DUE TO AST. CONTRIBUTING RELATED TO THE G IT. ING. 21B. PLACE OF INJU F about bome, farm, factory, stree ER) O (Hour) 21E. INJURY OCC WHILE AT NC WORK A tended the deceased from	H OPERATION RY (e. g., in or long) 21c. WHE indice bidg., etc.) URRED 21f. HOW it white it work 8-13-53 19 occurred at 9.50 fm	CAUSE OF DEATH, EN PART I OR PART I OR PART II RE DID (If in Baitimor CCUR? DID INJURY OCCUR? , to 8-14-53	re City, give exact locat 7 1, 19 1, that I last s d on the date stated
rrect age is especially important. Physicians: please	OTHER SIGN TO THE DISEASE E 19A. DATE CONTRIL DEATH (NOT 21D. TIME OF INJURY 22. I herebased a	ANTECEDENT CAUSE S OR CONDITIONS, IN HE ABOVE CAUSE (A) VING CONDITION L. SINIFICANT CONDITION L. SINIFICANT CONDITION L. SINIFICANT CONDITION CAUSING OF OPERATION OPERATIO	SES IF ANY, GIVING STATING THE DUE TO AST. CCONTRIBUTING RELATED TO THE GIT. ING 21B. PLACE OF INJU FER) O (Hour) 21E. INJURY OCC WHILE AT NC WORK A tended the deceased from 19 and that death M. 19 A M. 19 A M. 19 A M. 19 A M. 19 H OPERATION RY (e. g., in or long) 21c. WHE INJURY (c. g., in or long) 21c. WHE INJURY (c. g., in or long) 21f. HOW INJURY (c. g., in or long) 21f. HOW IT WHILE IT WORK 19.50g	CAUSE OF DEATH, EN PART I OR PART I OR PART II RE DID (If in Baltimor CCUR? DID INJURY OCCUR? , to 8-14-53 , from the causes an Ave (240.10CATION (Cit	re City, give exact locat 1. 19, that I last s d on the date stated	

Aleks of prio senetric C and the same Alexants.

before admission)

12, CITIZEN OF

ADDRESS

WHAT COUNTRY?

MONSET AND DEATH

20. AUTOPSY?

thereon and from

mi

ADDRESS

0

NO X

S information s of death cle causes of iteni Every ite write INK. UNFADING Physicians: 1 WITH important. PLAINLY. especially WRITE

VS 151

80

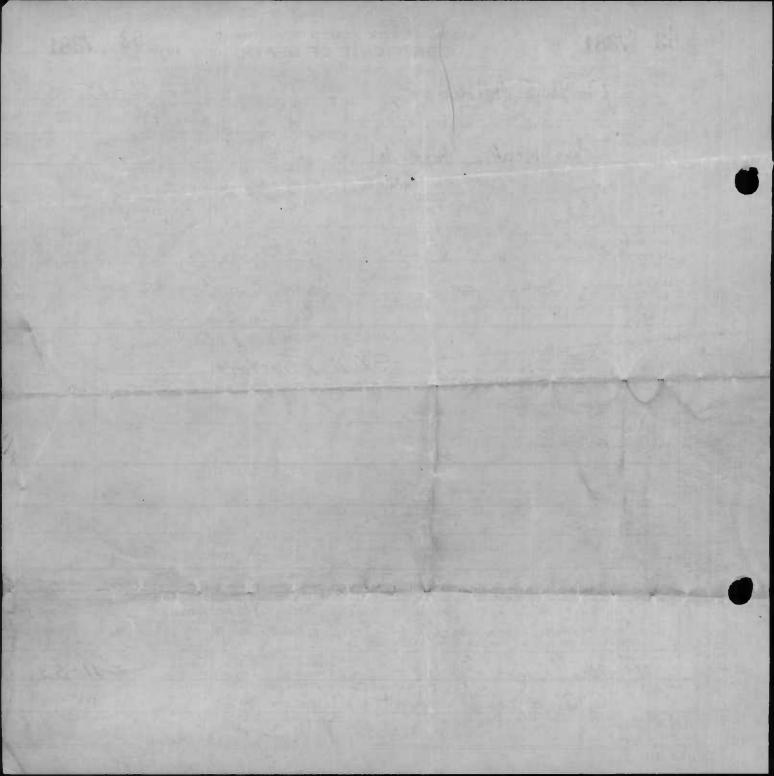
supplied.

carefully

BINDING

FOR

MARGIN RESERVED

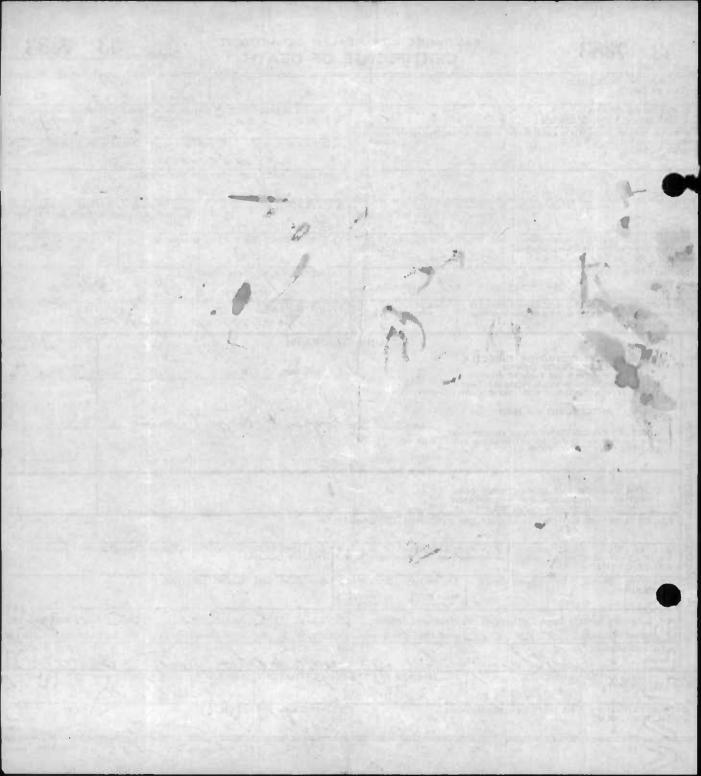




BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE BLOWN HG/EN (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNT A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) DAMIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore Days 6. COLOR OF RACE 9. AGE (In year) If Under 1 Year 7. SINGLE, MARRIED If Under 24 Hours Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooeduring most of working life, even if retired) WHAT COUNTRY? LOUSEWOUR &lam & 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. AME INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED march, 1953, to 8-17 . 195 3that I last saw the 22. I hereby certify that I attended the deceased from___ 8 16 19 53 and that death occurred at 9 6 m., from the causes and on the date stated above. deceased alive on____ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 40Ha Mil 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 0 25. FUNERAL PRESTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

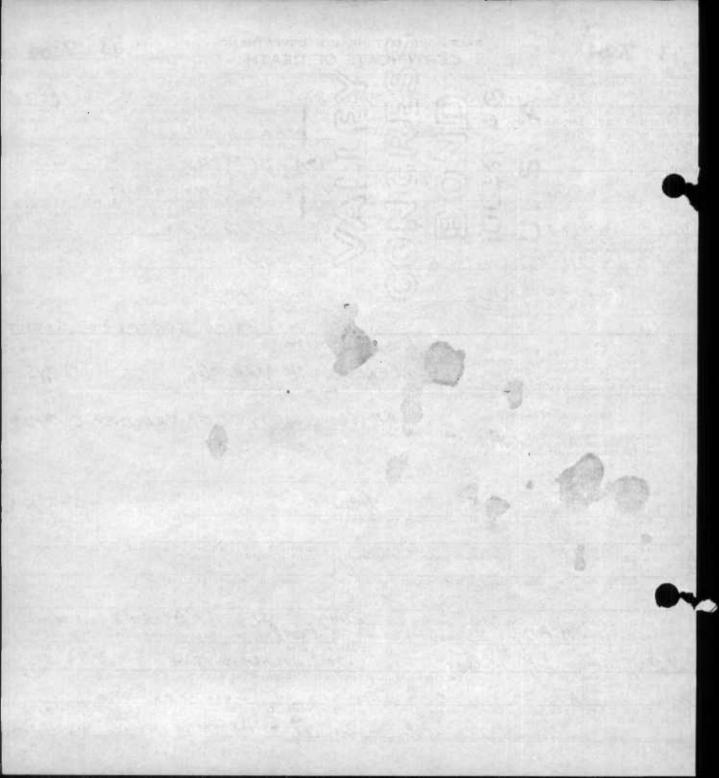
VS 150

30 E. FOOT AUS



N.160	
53 7384 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	3 7384
1. NAME OF DECEASED 2. DATE (Type or Print)	16.1953
3. PLACE OF DEATH: A. Baltimore City, Maryland 3406 E. PRATT A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Institution) C. CITY OR TOWN (If outside corporate limits) (If outside corporate limits)	
BALTIMORE -	O -O O ownship)
high of stay in Baltimore Description	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years) 11	Inder I Yest Il Under 24 Hours this; Days Hours Min.
MALE WHITE WIDONED AUG 26-1876 76	9
work done during most of working life, even if retired) INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
BLACK SM 17 H-RET. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U-S-A.
? NEUBAUER DONT WNOW	
(17 yes, no or unknown) (17 yes, give war or dates of service) SECURITY NO.	DRESS 3406
100 RECATHERINE LOEPPE	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	ONSET AND OEATH
(This does not mean the mode of dying, e.g., (A) CEREBRAL HEMORAHACE	2 dys.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
Z ANTECEDENT CAUSES ANTERIOSCLEZOSAS. GENEROLITE	6 5-10/JE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION SAUSING IT.	,
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	5-10/15
19A. DATE OF OPERATION 1 19 MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, given the bldg, etc.) INJURY OCCUR?	YES NO Live exact location)
D HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 20) AN. , 1951, to 16 AUG, 1953	
deceased alive on 16 AUC., 1953 and that death occurred at 1850 m., from the causes and on the	23C. DATE SIGNED
Organin Denster M.O. 1215. HILHLARD AVE.	or county) (State)
24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL AUG 26-1913 OAK LAWN COUCATE N.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	
LOCAL REGISTRAR PURE RAU HOME	DUNDBLK

116 vs 150735



The

1	193	6	20					
3		- MC	n =	BALTIMOR	E CITY HE	ALTH DEPART	MENT	53 7385
	_	3 73	30			OF DEAT		0 40
		NAME OF D	FCFASED				2. DATE	
		ype or Print)		STERLING GRE	EEN		OF DEATH 8	3/16/53
	3.	PLACE OF D				4. USUAL RESID	ENCE (Where deceased lived	. If Yestitution: residence before admission)
	В.	FULL NAME		spital or institution, give s		MARYLAN	VD //-	-04
		STITUTION	1102 STO	DDARD PLACE	location)	BALTIMO		mits, wrife RURAL and give township)
71.3	4				Yrs.		ESS (If rural, give location))
287	C.	Length of s	tay in Baltimore	LIFE	Mos. Days		DDDARD CT.	
	_	SEX	6. COLOR OR RAC		IED.	8. DATE OF BIRTH	9. AGE (In years	Months: Days Hours: Min.
2		F	C	WIDOWED		3/5/1888	65	
arr	10 work	A. USUAL OC	CUPATION (Give kin of working life, even if retin	dof 108. KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13		OUSEWI		DOMESTIC		BALTO MI		U.S.A.
ia CE	13					14. MOTHER 5 MA	TIDEN NAME	
ת מ	15	RICHAI . WAS DECEAS	RD DYFR	MED FORCES? 16.50	CIAL	CAROLIN	AE .	ADDRESS C.
200	(Ye	NO or unkoowo)	(If yes, give war or o NON)	dates of service) SE	CURITY NO.	CHARLES	STERLING(S)11	U
TUS		18. 12 2	2,2		CAUSE	F DEATH	10 11 -11 20 11 11 11 11 11 11 11 11 11 11 11 11 11	INTERVAL BETWEEN ONSET AND DEATH
9			E OR CONDITIO		(21)	. 11	rt.	11 4
2		(This does	LEADING TO DI not mean the mod ire, asthenia, etc. It r	le of dying, e. g.,	A) Chi	mec / by	reardulis	Herry
LIM			complication which		E TO	1		Indelinite
200			ANTECEDENT CA		· , ,	vy		
leas	TION		S OR CONDITIONS	S, IF ANY, GIVING	B) E TO		***************************************	
. p	AT		YING CONDITION		c)			
Fnysicians	RTIFICA		11					
SIC			NIFICANT CONDITIO	T RELATED TO THE				
Fin.	CE	DISEASE C	F OPERATION		טפ אייונים ספו	EPATION	IF OPERATION WAS RELATE	o to 20, AUTOPSY?
دُ	AL	19A. DATE C	OF OPERATION O	WAS PERFORMED	OR WHICH OF		CAUSE OF DEATH, ENTER	
important.	DICA		ENT WAS UNDER	LYING 218. PLACE	OF INJURY (e.	g., io or 21C. WHE	RE DID (If in Baltimore C	ity, give exact location)
por	ш		TIFY MEDICAL EXAM		A -	Mag., etc.)		
III	Σ	21D. TIME	(Month) (Day) (Ye		URY OCCURRE		DID INJURY OCCUR?	C
ally			,	m. WHILE AT	NOT WHILE		0 ,,	
especial	P			attended the decease				952, that I last saw the
esī	F	deceased a		5, 1953 and the	at death occurr	red at m	., from the duuses and o	n the date stated above.
133		119 4	mande Ve	hin ell	м. р.	1534 Vm	ud Hill len	Cen y 18
age	24	4A. FURIAL, ON, REMOVAL (CREMA- 24B. DAT	E 24C, NA		RY OR CREMATORY	24D. LOCATION (City, to	own, or county (State)
ect		URIAL	18/2 (0/53 MT	AUBURN (PMETERY. 25. FUNERAL DIE	BALTO. MD.	
correct		ATE RECEIVE		AR'S SIGNATURE		CHARLES C	COOPER-512	CARROLLTON
•		VIIE 10	130	inglove Willer	The same below			AV.
	1	VS 150		0 720	SA/	Parles	SWIPW	
	•			100				

. TO ME MICHES SOLD 0.0100 C/2 0,63 2 25. 1 and 1 a CHACLES W. COOPER - SEC CAROLOLIC

MEDICA

MARGIN RESERVED FOR BINDING

	11	4.43							
supplied. The	Bi	3 No. 7386 53 1888 BALTIMORE CITY HE CERTIFICATE		Registe					
		1. NAME OF DECEASED (Type or Print) Baby Williams							
	Α.	PLACE OF DEATH: Baltimore City, Maryland Baltimore md FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where A. STATE Md.	deceased li					
lly	H	SPITAL OR STITUTION St KKANAS Agnes	c. CITY OR TOWN (If outside Baltimore Md	de corporat					
carefully legibly.	T _C .	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, 3037 Remington						
ld be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. A	AGE (In ye last birthda					
on should clearly ar	10 worl	A. USUAL OCCUPATION (Givekindof 10B, KIND OF BUSINESS OR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign Maryland	country)					
information of death cl	13	FATHER'S NAME James Williams	14. MOTHER'S MAIDEN NAME	Dono					
of info	(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? J. EO OF UNKNOWN) (If yes, give war or dates of service) SECURITY NO.	17. INFORMAT	037 1					
UNFADING INK. Every item of i Physicians: please write the causes	ICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	nonth preg - a	but					
	CERTIFI	OTHER BIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
ш.	L	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF		WAS REL					

218. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

and that death occurred at.

NAME OF CEMETERY OR

AT WORK

ved. If institution: residence before admission) e limits, write RURAL and give Months Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONS IT AND DEATH ATED TO 20. AUTOPSY PART I OR PART II 21c. WHERE DID (If in Bultimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? , 1953, to 5-12-, 19 13, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 240. LOCATION (City, town, or county) ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REPOVAL (Specify)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) OF INJURY

deceased alive on 8-12

REGISTRAR'S

1951

240

22. I hereby certify that I attended the deceased from_

24B. DATE

DIRECTOR

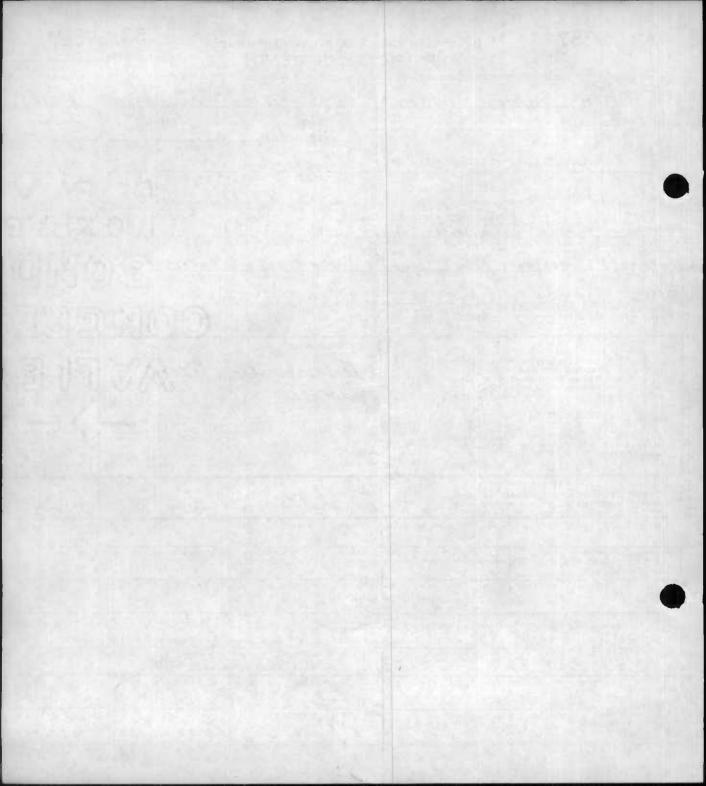
your collers of formalisien B al Comp 1.15. is in an a Com Bales White

W ₅	34	75 7387
BIRTH N	Э.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7387 Registered No.

1. NAME OF DECEASED (Type or Print) Harry Thomas Wilson St	2. DATE OF AUGUST 18 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland
INSTITUTION 6003 Falkirk Rd	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. ength of stay in Baltimore Mos. Days	6003 Falkirk Road
5. SEX Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR ork done during most of working life, even if retired)	766. 17-1883 70
ork done during most of working life, even if retired) Refere Dept.	Battimates Maryland WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES HENRY WILSON	MARY NORTON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 1825
18. 42 0 0 0 00 2 60 X CAUSE	Dr. WARRY 1. WILSON - Edgewood OF DEATH INTERVAL BETWEEN
Tarro and acon	ONSET AND DEATH
Land College Med and one of dying, e.g.,	erioselerotic heart Indef
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	islase
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
	The second secon
OTHER SIGNIFICANT CONDITIONS CON-	isbetes Mellitus Indel
TO THE DISEASE OR CONDITION CAUSING IT.	
ě – – – – – – – – – – – – – – – – – – –	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., and a contract home has a contract home.	n or 21C. WHERE DID (If in Baltimore City, give exact location) injury occur?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	J. J
22. I hereby certify that I attended the deceased from deceased alive on august 11, 19 53, and that death occur	egust, 1951, to degust 18, 1953, that I last saw the
	red at 636 a.m., from the causes and on the date stated above. 38. ADDRESS 23c. PATE SIGNED
Collect & May M.D.	1200 Woodbourne AV. 8/18/53.
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	11 DIN Mal
DATE RECEIVED BY REGISTRAR'S SIGNATURE	PER EUNERAL DIRECTOR ADDRESS A
LOCAL REGISTRAR Interpretation of the state	Leonard & Kuck 5305 Harford A
VS 150	35
113	75

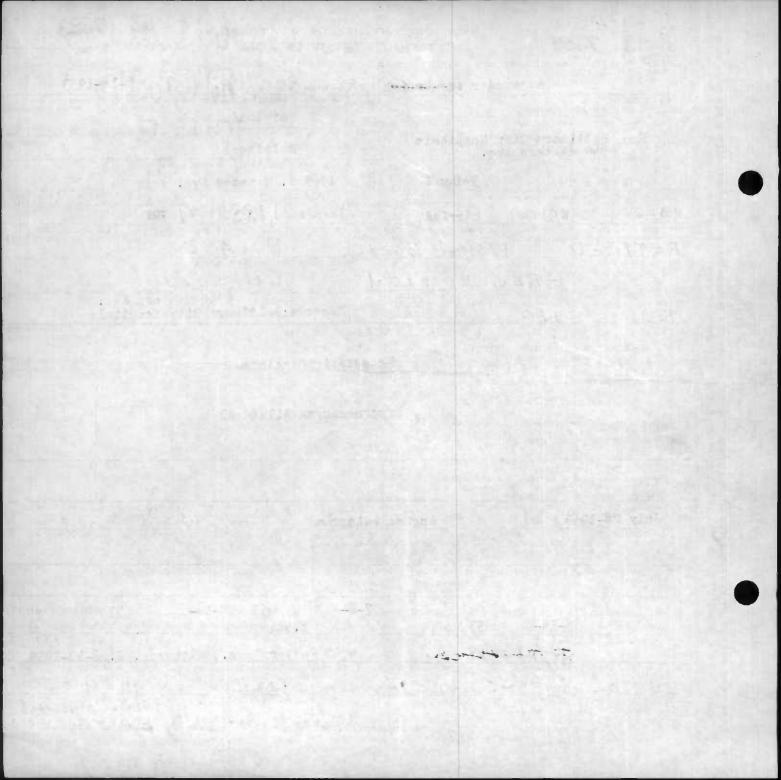


DATE RECEIVED BY LOCAL REGISTRAR

VS 150

e		G-626 53 7388 BALTIMORE CITY HE. CERTIFICATE		7388	
ed. The	1.	NAME OF DECEASED (Sype or Print) Alexander Crope of Print)	DEATH	-1953	
uppli	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If ins a. STATE B. COUNTY Maryland	titution : residence before admission)	
carefully supplied.	H	ospital or Baltimore City Hospitals 1940 Bastern Ave.			
	c.	Yrs. Mos. Length of stay in Baltimore 39days? Days	o. STREET ADDRESS (If rural, give location) 1009 S. Kenweed Ave. zone 24		
	5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) MALE WHITE	8. DATE OF BIRTH 9. AGE (In years) If Und	er l Year H Under 24 Hours ns Days Hours Min.	
	work	NA. USUAL OCCUPATION (Givekinder to be done during most of working life, even if retired) RETIRED FISHER BODY Co.		WHAT COUNTRY?	
G matic eath		? GREGOROWICH	14. MOTHER'S MAIDEN NAME UNKNOWN		
BINDIN of infor	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT 4940 Eastern Ave. Records: Baltimore City Hospital	RESS	
RVED FOR Every item write the cau		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	of DEATH atic Careinoma	INTERVAL BETWEEN ONSET AND DEATH	
IN RESEING INK.	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	phroma Bilateral		
MARGIN F UNFADING Physicians: p	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	m era erak		
Part .	CAL	July 28-1953 198. CONDITION FOR WHICH OPEN WAS PERFORMED Angiocardio	CAUSE OF CEATH, ENTER IN PART I OR PART II	20. AUTOPSY?	
6	EDIC	21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e. about home, farm, factory, street, office bit DEATH (NOTIFY MEDICAL EXAMINER)	g, in or 21c. WHERE DID (If in Baltimore City, given	ve exact location)	
	Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			
~		22. I hereby certify that I attended the deceased from 7-8 deceased alive on 8-16, 19 53, and that death occurr	- , 1953, to 8-16- , 1953 to 8-16- , 1953 to 8-30Am., from the causes and on the		
WRITE re is esp		23A. SIGNATURE #7 Suh Nu . M. D. 449	940 Eastern Ave., Baltimore.Md	8-17-1953	
चि ह	24	4A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or	county) (State)	

that I last saw the date stated above. 23c. DATE SIGNED

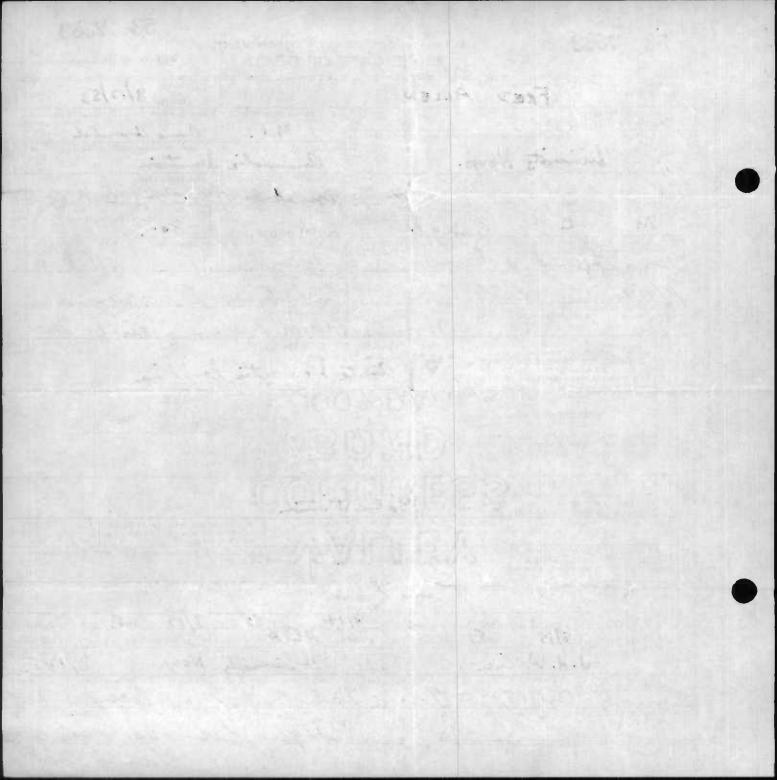


	CERTIFICATI	IEALTH DEPARTMENT Registered No
1	NAME OF DECEASED FRED ALLEN	2. DATE 8/17/52
24	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	
Idia 3	Length of stay in Baltimore 2	0 11'9 7' 100 4
and	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH V 19. AGE (In years) If Under 1 Year If Under 24 House
clearly	DA. USUAL OCCUPATION (Give kind of kind of kind of business or industry) Towns Towns	11. BIRTHPLACE (State or foreign country) Mondo 12. CITIZEN OF WHAT COUNTRY
	Mathew alle	14. MOTHER'S MAIDEN NAME GOLD BOTTON
of X	(If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT ADDRESS ADDRESS AND ADDRESS
the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	OF DEATH ONSET AND DEATH Conservation Laufenia
write	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES	
ns: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)	
Physicians: CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	titi
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II
portant.	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e. s., in or 21C. WHERE DID (If in Baltimore City, give exact location) injury occur?

20. AUTOPSY D TO IN YEB NO ty, give exact location) 210 TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 1953, that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at Pm., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 238. ADDRESS 23c DATE SIGNED BURIAL, CREMA-REMOVAL (Specify) 24c. NAME OF CEMETERY (State) DATE RECEIVED BY LOCAL REGISTRAR 25. FUNERAL DIRECTOR

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS 150



The

H-53	6
53	7390

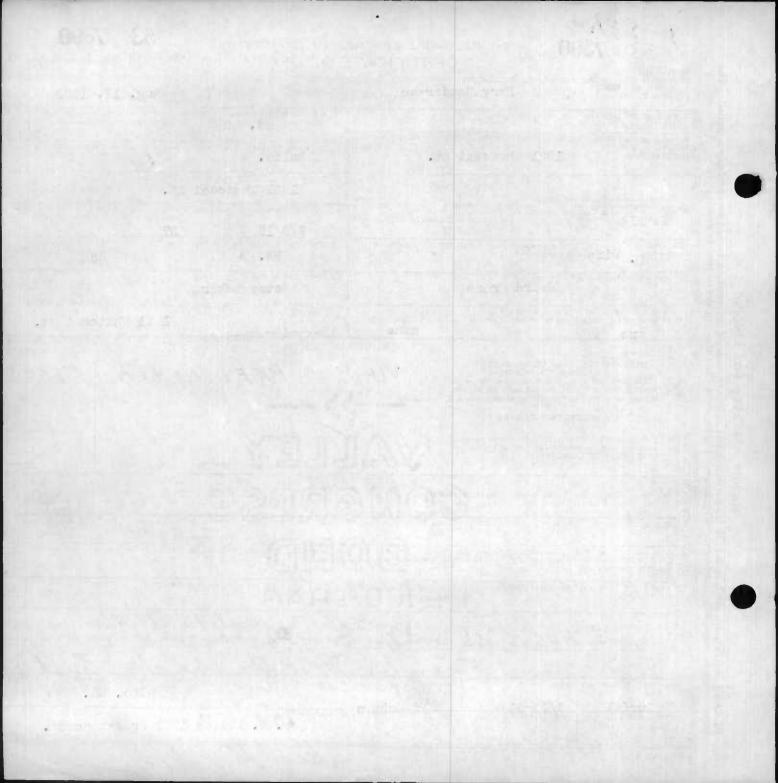
BALTIMORE CITY HEALTH DEPARTMENT

53 7390

00	100	0		CERTIFICATI	E OF DE	ATH	Registered	No	
I. NAME OF (Type or Prin	DECEASE t)	D	Mary He	nderson			2. DATE OF Aug. DEATH	17,	1953
3. PLACE OF A. Baltimore		aryland			4. USUAL RI	Md.	Where deceased lived, B. COUNTY	If institu	ution : residence before admission
B. FULL NAM HOSPITAL O INSTITUTION	R		al or institut hatcoat	ion, give street address or location)	c. CITY OR T		outside corporate lin	nits, wri	te RURAL and give township
c. Length o	f stay in I	Baltimore	?	Yrs. Mos. Days		DDRESS (If	rural, give location) oat St.		
5. SEX FeMal	e 6.COLO	OR OR RACE	7. SINGLI WIDOW	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF 1	15/15	9. AGE (In years last birthday)	If Under I Months	Days Hours Mir
10A. USUAL work done during m	OCCUPATION OF PRINTERS IN	ON (Give kind of ife, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY		ACE (State or f	oreign country)	US	CITIZEN OF WHAT COUNTRY
13. FATHER	S NAME	Edward	Crane		-	s maiden n			/
15. WAS DECE (Yes, no or unkno	(If yes,	IN U. S. ARME give war or date	D FORCES?	16. SOCIAL SECURITY NO. none	17. INFORMA	NT Hende	1221 V	ADDRE What c	oat St.
Z DISEA	aloes not mea ailure, asther or complica ANTECE SES OR CO	NG TO DEA an the mode hia, etc. It me ation which EDENT CAU ANDITIONS, TE CAUSE (A) DONDITION L	of dying, e. nans the diseas caused death SES IF ANY, GIVING STATING TI	(B)		N F O	MONI	7	
H DISEAS	HE DEATH	II T CONDITIONS BUT NOT TION CAUSIN	RELATED TO						
19A. DAT	E OF OPER	ATION	198, CONDI WAS PERFO	TION FOR WHICH, OF		PART I	ATION WAS RELATED OF DEATH, ENTER OR PART II	IN ,	YES NO
OR CONT	RIBUTING	S UNDERLY CAUSE O	F about	B. PLACE OF INJURY (home, farm, factory, street, office	e. g., in or 21C. bldg., etc.) INJU	WHERE DID RY OCCUR?	(If in Baltimore Ci	ty, give	exact location)
21D. TIME OF INJUS		(Day) (Year		21E, INJURY OCCURR WHILE AT ONT WHI	LECT		JURY OCCUR?		
22. I he deceased 23A SIG	d alive one NATURE L, CREMA- L (Specify)	fy that I at 1 06 / 106	tended the	deceased from A	1939 RY OR CREMA	TORY 24D. L	LOCATION (City, to Balto	wn, or co	ounty) (State
DATE RECE LOCAL REG	IVED BY	REGISTRAR	'S SIGNAT	URE 5 3 U	25. FUNERA	G. Kels	on 1303 Pre		an St.

VS 150

Des. D. Kelsan



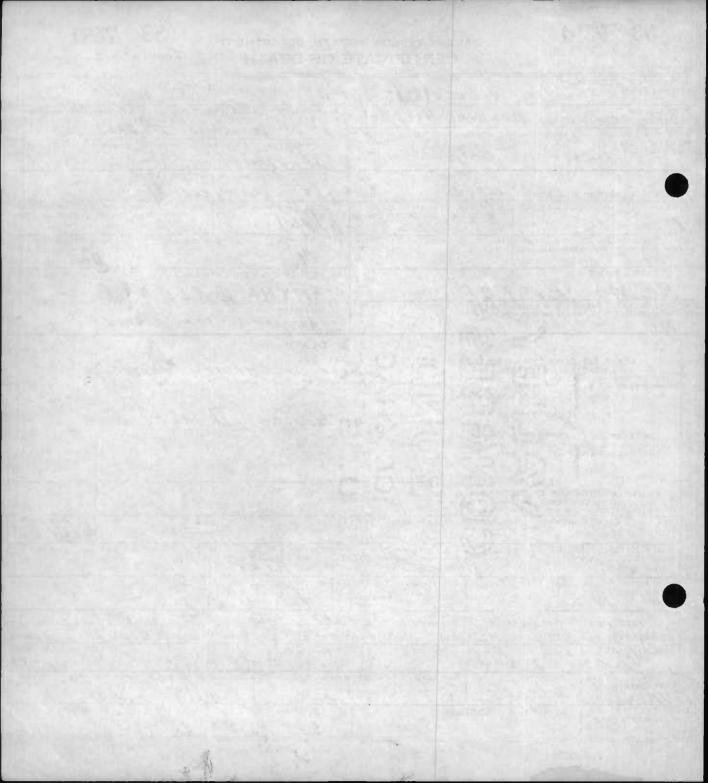
W53 2 7391

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

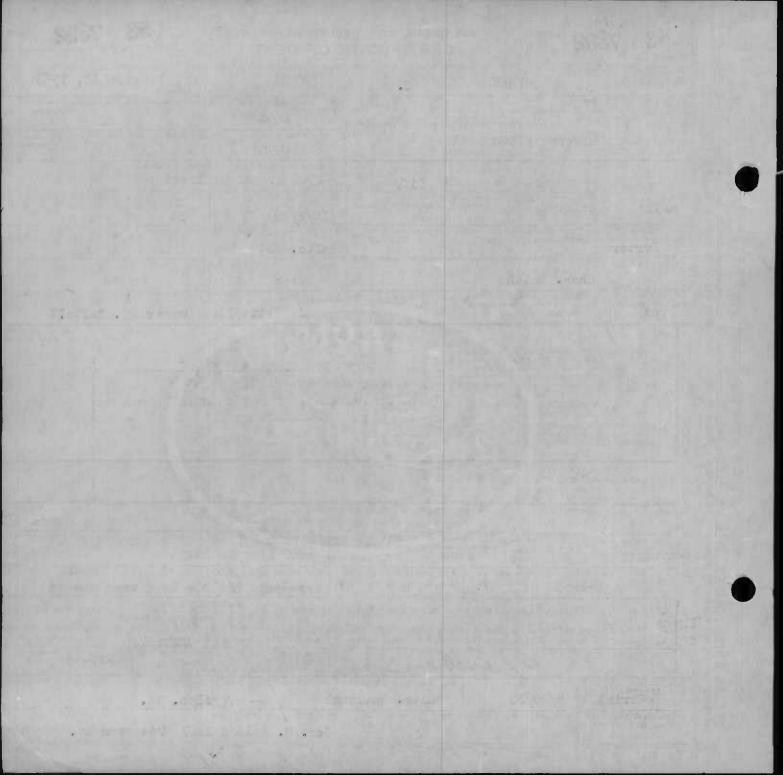
53 7391

Registered No._

BIRTH NO.	- OI BEATTI
1. NAME OF DECEASED (Type or Print) Is Talla Wallace (BISHO	
3. PLACE OF DEATH: A. Baltimore City, Maryland Provident Hospital	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION Provident Haspital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. ength of stay in Baltimore 4/fc Mos. Days	1545 Woodyear st.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11/BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Remo BISHOP	MARTHA WALLACE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT
NO -	Accident Room Record-
18. 331X , CAUSE	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	iva introcranial Hemorrhage
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	104 1412 CT 2114 1 116 MOTTH 294
injury or complication which caused death.) DUE TO	Undet.
ANTECEDENT CAUSES Hu po	ertensing Disease
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO L
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e. the street of	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	
8-17-53 m. WHILE AT NOT WHILE AT WORK	I tell off step
22. I hereby certify that I attended the deceased from	17 ,1953, to 8-17 , 1953, that I last saw th
deceased alive on \$-17, 1953, and that death occur	1 1 2 90
	red at 2 7m., from the causes and on the date stated above
and its o de la Cuy M.D.	Provident Asspital 8-17-83
1 1 h a de la Cun	Provident Asspital 8-17-83
24A. BURIAL, OREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) 8/20/33 ST. PET	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) ERS BAWTO MD
and its o de la Cuy M.D.	Provident Asspital 8-17-83



B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 9. AGE (in years If Under I Year It Under 24 Hours last birthday) Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Ada Pitts 1108 Mosher St. Balto17 INTERVAL BETWEEN ONSET AND DEATH Due to occipital bilateral subdural hematoma 20. AUTOPSY (If in Baltimore City, give exact location) presumably hit his head when shoved thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses [], accident [], suicide [], homicide [], undetermined []. PLEASE correct ag 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Geo. G. Kelson 1303 Presstman St. V S 151 Leo. H. KC N-854.0



The		
supplied.		
Will'E PLAINLY, WITH UNFAUING INK. Every item of information should be carefully sur	ises of death clearly and legibly.	
. Every item	e write the car	The same of the sa
UNFADING INK	Physicians: please write the causes of dear	
KILE PLAINLY, WITH	is especially important. Physical	
7	-	۱

		R-500 53 7393		EALTH DEPARTMENT E OF DEATH	53 Registered N	7393
UNFADING INK. Every item of information should be carefully supplied. The Physicians: please write the causes of death clearly and legibly.	1	. NAME OF DECEASED Type or Print)		ANE	2. DATE OF	17 7 1'2
	Α.	Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If i	institution: residence before admission
	H	I. FULL NAME OF not in hospit dospital or NSTITUTION St. Joseph!	al or institution, give street address or location) S. Hospital		f outside corporate limits	s, write RURAL and give township
	5	Length of stay in Baltimore	Yrs. Mos. Days	JINEPIUNE	rural, give location)	
		female 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	March 9-1879	9. AGE (In years last birthday) Mor	Under 1 Year of Under 24 Hours of Min.
	WOI	OA. USUAL OCCUPATION (Give kind of kk done during most of working life, even if retired) housewife	10B. KIND OF BUSINESS OR INDUSTRY at home	II. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY
		3. FATHER'S NAME UNKNOWN-		UNK NOW	· · · · -	
	(Y	5. WAS DECEASED EVER IN U.S. ARMED (If yes, give war or date)	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mr John Rua	Ne to High	on Landare
	RTIFICATION	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of ANTECEDENT CAUS DISEASES OR CONDITIONS, IT RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	FH of dying, e.g., ns the disease, aused death.) EES FANY, GIVING STATING THE ST. (C)	sclerotic cardiov	Lenridge N	
Prof.	CE	19A. DATE OF OPERATION 15	PB, MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
ILY, WITH important.	EDICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., c	2 or 21c. WHERE DID (I	f in Baltimore City, gi	ve exact location)
	Σ	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK	21F. HOW DID INJURY	OCCUR?	
PLEASE WRITE PLAIN correct age is especially	and the second s	the evidence obtained by and death in my opinion	ge of the remains described a said Autopsy, Inspection or I resulted from: natural causes	nquiry, find that said de	Inspection or Inquiry eccased died on the , homicide , un	day stated above
	D	AA. BURJAL, CREMA-24B. DATE ON, REMOVAL (SNCIFY) AUG 31 ATE RECEIVED BY OCAL REGISTRAR	53 Holy Sepu	D. MEDICAL INVESTIGAT- RY OR CREMATORY 240. LC LC hre Ea.	OCATION (City, town, o	ADDRESS.
1	V	S 151	T. W. Walle, 1823.	AURCIAM C	OUK INC /	21751 Pary

Inspection & inquiry

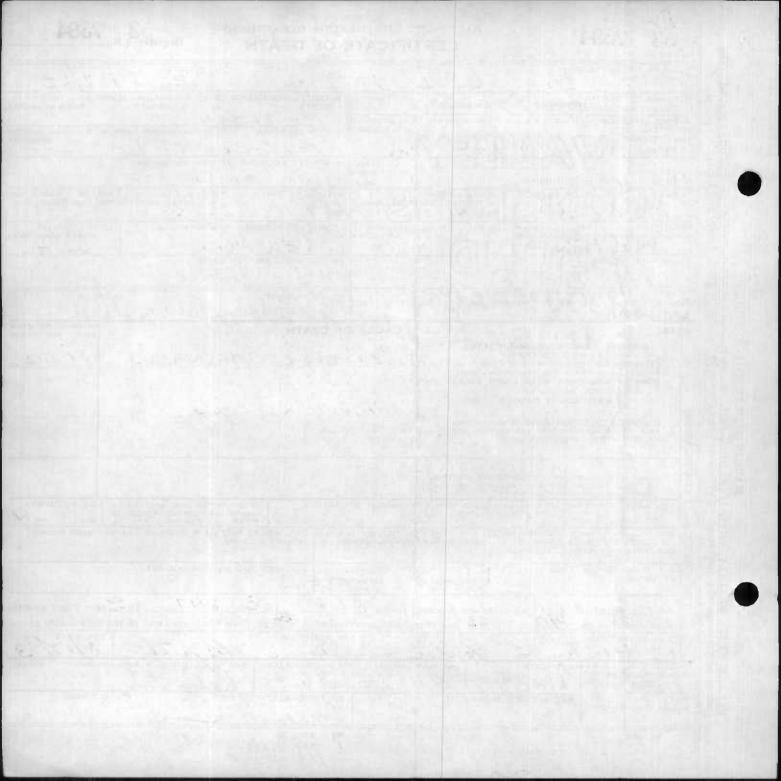
The

D- 53 RTH NO.	7394
-	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7394

CERTIFICATE OF DEATH						
BIRTH NO.						
(Type or Print) C. DAUDELIN 2. DATE OF DEATH 8/17/53						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or	1					
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
SINAI HOSPITAL OF PALIO, INC.	BALINICKE 11-02					
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Days	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify						
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
PH 4.SICIAN	NEW YORK WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
LAUIS DAUDE IN	EllEN STONE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 ANFORMANT ADDRESS					
(If yes, give wur or dates of service) SECURITY NO.	ROSE E DAUDELIN 1011 SEPAUL SE					
	OF DEATH					
DISEASE OR CONDITION DIRECTLY	DISEASE OR CONDITION DIRECTLY					
(This does not mean the mode of dying, e.g.,	EBRAL THROMBOSIS SO his					
heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) DUE TO	heart failure, asthenia, etc. It means the disease,					
ANTECEDENT CALLERS						
ANTECEDENT CAUSES	TERIO SCLEROSIS					
O DISEASES OR CONDITIONS, IF ANY, GIVING	The state of the s					
ONDERCTING CONDITION EAST. (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
ILL TO THE DEATH BOT NOT RELATED TO THE						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION IF OPERATION WAS RELATED TO 20, AUTOPSY?					
WAS PERFORMED	CAUSE OF DEATH, ENTER IN YES NO W					
U 21a. ACCIDENT WAS UNDERLYING 1 21b. PLACE OF INJURY	(e. g., in or 21c, WHERE DID (If in Baltimore City, give exact location)					
OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	bebidg., etc.) INJURY OCCUR?					
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F, HOW DID INJURY OCCUR?					
OF INJURY WHILE AT NOT WHI	IILE T					
m. work AT WOR						
22. I hereby certify that I attended the deceased from 8/14 35 to 8/17, 1953 that I last						
22. I hereby certify that I attended the deceased from Q	and the same that					
deceased alive on \$//7, 1953, and that death occur	erred atm., from the causes and on the date stated above.					
deceased alive on \$//7, 1953, and that death occur	arred atm., from the causes and on the date stated above. 23B, ADDRESS					
deceased alive on \$117, 1953, and that death occur 23A. SIGNATURE Stanley B. Horeld M.D.	23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED					
deceased alive on 3/17, 1955, and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	erred at					
deceased alive on \$1/7, 1953, and that death occur 23A. SIGNATURE Stanley B. Stanle M.D. 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) 8 W 53 Mw Carle	erred at					
deceased alive on 3/17, 1955, and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS					
deceased alive on \$1/7, 1953, and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) A W 53 Mul Carlie DATE RECEIVED BY REGISTRAR'S SIGNATURE	erred at					



The

T-5	25
53	7395

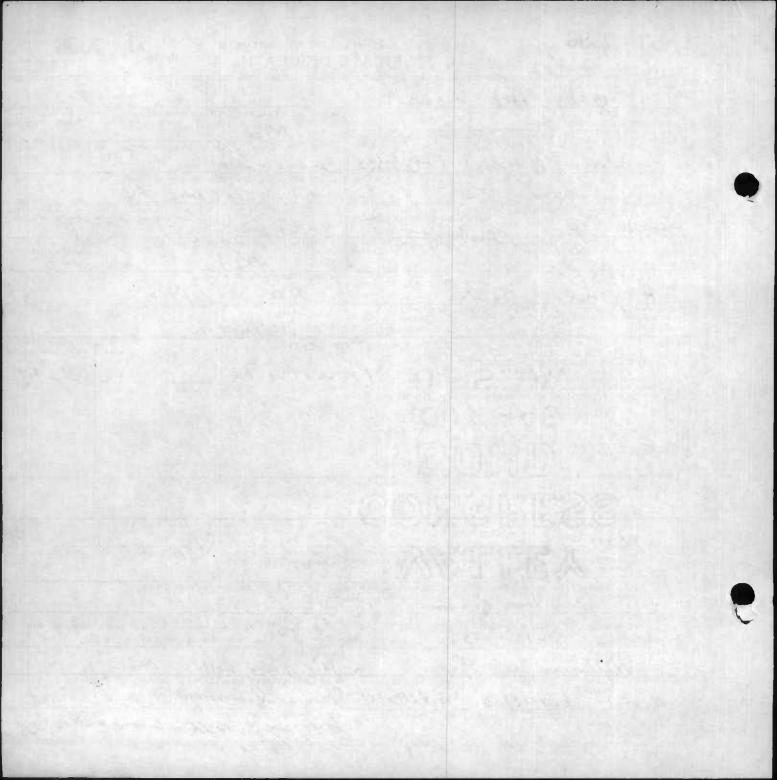
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	7395
gistered No_	

BIRTH NO. CERTIFICATE	E OF DEATH Registered No.				
1. NAME OF DECEASED 2. DATE					
(Type or Print) JOHN T. JOHNS	DEATH				
a. Baltimore City, Maryland 603 5, GRUNDY ST.	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a, STATE B, COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
INSTITUTION	BALTIMORE 2. 6-0 township)				
Yrs.	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore Mos.	603 5. GRUNDY ST.				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months; Days Hours Min.				
MALE WHITE MARRIED	MAR. 25,1887 66				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even Ifretired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	BALTIMORE, MD. U.S.A.				
JOHN J. JOHNSON	LAURA V. LAWSON				
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ELIZABETH JOHNSON SAME				
18. 14.1/2 CAUSE CAUSE	OF DEATH				
DISEASE OR CONDITION DIRECTLY	DNSET AND DEATH				
(This does not mean the mode of dying, e.g., (A)	renea				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES Cuts	color preparationes				
Z DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
DTHER SIGNIFICANT CONTRIBUTING	monay entlepena				
TO THE DEATH BUT NOT RELATED TO THE	- Hold speak				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP					
WAS PERFORMED VAS PERFORMED VAS PERFORMED VAS PERFORMED VAS PERFORMED VAS PERFORMED	CAUSE DF DEATH, ENTER IN YES NO YES NO				
OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office!					
	THE WALL AND AN ADDRESS OF THE PARTY OF THE				
OF INJURY OCCURRE	LETTO (
m. WORK L. AT WORK	7				
22. I hereby certify that I attended the deceased from 30, 1953, to 1954, that I last saw deceased alive on 1953, and that death occurred at 1953, and the date stated about 23A SIGNATURE 23C. DATE SIGN					
				Tools J. Harris	13/ E. Billery 8//8/13-
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town, or county) (State)					
BURIAL 8- 19-53. MORELAND MEMORIAL TAYLOR AVG. BALTOCO.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR, 901 S. CADDRESS ST.					
AUG 18 93 Hunturgton Williams, My Maragues, Jelly BALTO, 24, MD.					
VS 150 (. 90	3 A ()				

caref	egibly
be	d 1
plnods	early an
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be caref	correct age is especially important. Physicians: please write the causes of death clearly and legibl;
Ever	write
INK.	please
UNFADING	Physicians:
Y, WITH	nportant.
ITE PLAINI	s especially in
PLEASE WR	correct age is
	1

Je	D.	53 7396 BALTIMORE CITY HE CERTIFICATI		Negistered No.	7396
d. Th	1.	NAME OF DECEASED Girl Lowe		2. DATE OF 8-1	8-53
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		titution: residence before admission)
ly su	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION W. W. Hospital Yrs. Mos. Days 5. SEX 6. COLOR OF RACE 1.7. SINGLE MARRIED		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Edge water D. STREET ADDRESS (If rural, give location) 5119 12 Koma Rd.		
carefully legibly.					
e can					
should be early and le		SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8-16-53	9. AGE (In years If Und last birthday) Month	or I Year If Under 24 Hours Burs Min.
on shou	10A. USUAL OCCUPATION (Give kind of work done during most of work lug life, even if retired) INDUSTRY		11. BIRTHPLACE (State or foreign country) 12. CITIZEN O WHAT COL		CITIZEN OF WHAT COUNTRY!
information s of death cle	13. FATHER'S NAME			1	
nforn of de	15 (Ya	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6, no or unknown) (If yes, give war or detes of service) SECURITY NO.	17. INFORMANT	arter	RESS
S S S		, observatives	Father		INTERVAL BETWEEN
Every item write the cau		DISEASE OR CONDITION DIRECTLY	OF DEATH		ONSET AND DEATH
te th			ematurity	***************************************	33 hrs.
. 41		injury or complication which caused death.) DUE TO ANTECEDENT CAUSES			
please	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
NG.	4	UNDERLYING CONDITION LAST.		*****	
UNFADING Physicians:	RTIFIC	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
UNI	CEF	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	*		
WITH rtant.	AL	194. DATE OF OPERATION 198. CONDITION FOR WHICH OF	CAUSE OF	F DEATH, ENTER IN	YES NO NO
0	MEDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	e. g., In or 21c. WHERE DID () bldg., etc.) INJURY OCCUR?	If In Baltimore City, giv	re exact location)
PLEASE WRITE PLAINLY correct age is especially imp	4	210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY Th. WHILE AT NOT WHILE AT WORK AT WORK			
Peciz		22. I hereby certify that I attended the deceased from 8-17 1953, to 8-18, 1953 that I last saw the			
RITI is es		deceased alive on 8-18, 1953, and that death occur 23A. SIGNATURE 2	3B, ADDRESS		3c. DATE SIGNED
E W	William U. Juson M.D. Univ, Hosp. Balt. 1 Md. 8-18-53 24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Bity, town, or county) (State)				
EAS	By wis? aug 19/53 Helcrest moneral amplito a a - Ind				
PL		ATE RECEIVED BY PEOTSTRAR'S SIGNATURE	3 Light Director	An amig	Die Ma
		VS 150	111	· · · · · · · · · · · · · · · · · · ·	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Stephen Wortson. ang. 6, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland manyland B. COUNTY before admission) maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION townshin) nangland General Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 125 W. moser st. gth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) Il Under 1 Year Il Linder 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Single 8/10/53 5 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work doneduring most of working life, even if retired) INDUSTRY none maryland none U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Watran Catherine Clarence 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 200 Catherina W. mores 27. 125

18. 7 CAUSE OF DEATH NTERVAL BETWEEN 54.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Destro Cardia and heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Possible Single Ventricle DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-

CERTIFICATION

EDICAL

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-

ebout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) NJURY

21E. INJURY OCCURRED

NOT WHILE WHILE ATT

WORK AT WORK

aug. 6 22. I hereby certify that I attended the deceased from.

> 1953, and that death occurred at_ 238. ADDRESS

24c. NAME OF CEMETERY OR CREMATORY

mandand moral 14 ospital 24D. LOCATION (City, town, or county)

ang. 6 8:45 AT

Y: 450 m., from the causes and on the date stated above.

23c./DATE SIGNED

20 AUTOPSY

(If in Baltimore City, give exact location)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

23A. SIGNATURE

deceased alive on ang. 6

24B. DATE

19.53. to

21F. HOW DID INJURY OCCUR?

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

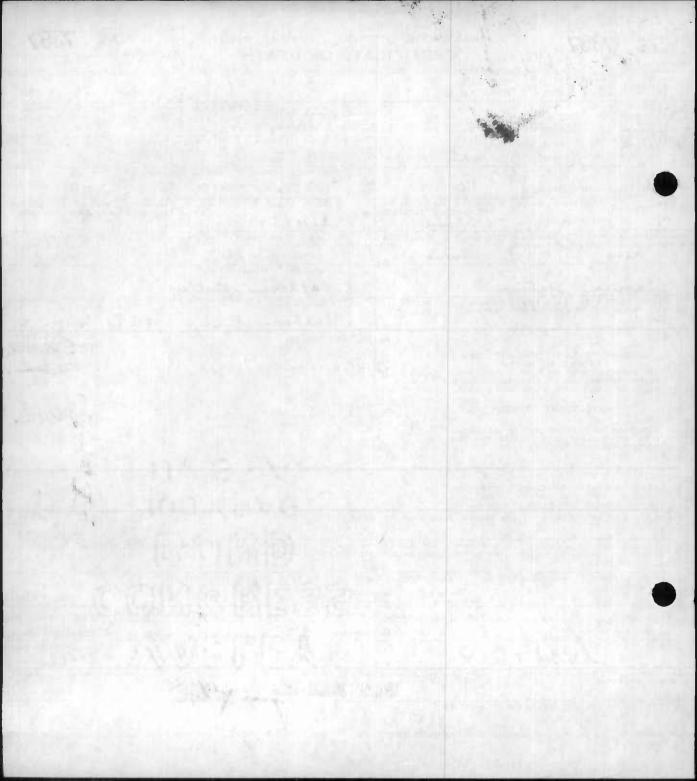
8:3017.19

ADDRESS

, 19 53, that I last saw the

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Nicholas Aloysius Brennan OF Aug. 17/53 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Wilkens & Caton Aves. Catonsville D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. sength of stay in Baltimore Life 6300 Mount Ridge Rd Days 5. SEX 6. COLOR OR RACE 9. AGE (in years II Under 1 Year II Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) May 11.1894 Malle White 10a. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR Work done during most of working life, even if retired)

Loan Examiner Veterans Adminis 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Administration) WHAT COUNTRY? Balto.Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nicholas T. Brennan Margaret Brennan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Viola Brennan, 6300 MT. Ridge Rd. W.W.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CORONARY OCCLUSION (SPASM) 1 hr LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) GASTROENTERITITIS SUBACUTE Mo. DUE TO ANTECEDENT CAUSES ARTERIAL HYPERTENSION. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? NJURY 22. I hereby certify that I attended the deceased from. 195 7 to /-, 1927 that I last saw the deceased alive on Aug - 15. 1953. and that death securred at 6:30 Pm., from the causes and on the date stated above. 23A. SIGNATURE 236. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA, TION, REMOVAL (Specify) 24c. NAME OF CEMETERY Burial Baltimore. New Cathedral DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 4101 Edmondson Ave. VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Aug. 17/53 Anna Margaret Corwell 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 841 Stamford Rd. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 841 Stamford Rd 35 yrs ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) Il Under I Year last hirthday) Months Days Hours Min. Female WIDOWED, DIVORCED (Specify) July 15/81 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
Bookkeeper WHAT COUNTRY? Stores American Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles M.Corwell Anna J. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY 33 A+----Mrs.Ruth Gaskins,841 Stamford RINTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE grane 1, 1953, to any 17 22. I hereby certify that I attended the deceased from_ __, 195, that I last saw the deceased Rive on aug. 1923, and that death occurred at 10 a.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAU, CREMA-TION, REMOVAL (Specify) Burial

DATE RECEIVED BY LOCAL REGISTRAR

19 REGISTRAR'S SIGNATURE

Dorsey, Md. Meadowridge Mem. Pk. 25 FUNERAL DIVECTOR

ADDRESS

VS 150

Walter S. Willett
2220 Hav. She

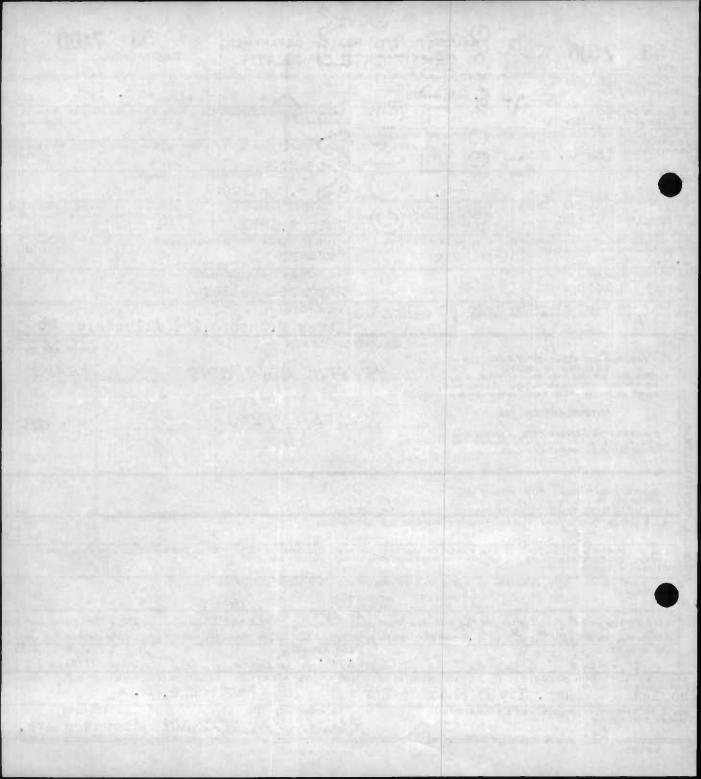
753 7400

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7400 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Barbara H. Snoops	2. DATE OF Aug. 15/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or.)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admiss	
HOSPITAL OR INSTITUTION 428 S. Smallwood St	c. CITY OR TOWN (If outside corporate limits, write RURAL and town	give ship)
c. high of stay in Baltimore 72 yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 428 S.Smallwood St	
5. SEX Female White T. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 9. AGE (in years H Under 1 Year H Under 24 July 6, 1872 Hours 1	Hours Min.
10A. USUAL OCCUPATION (Givekind of orek donoduring most of working life, even if retired) W. Home	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT	rry1
13. FATHER'S NAME Henry Rausch	14. MOTHER'S MAIDEN NAME Margaret Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Leroy F. Snoops, 124 Allendale St	
Injury or complication which caused death.) DUE TO	ATIC CIRRHOSIS YEARS	\$
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	= SIGNIF.	22.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	ATION 20. AUTOPS	
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., el	a or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK AT WORK	NONE	
22. I hereby certify that I attended the deceased from Macceased falive on 1952, and that death occur	red at 1030 P.m., from the causes and on the date stated ab	
Mollett E. Tukker M.D. 1	707 Copuradou Mers. Calous. 18thing 53	3
24a. BURIAL CREMA- TION, REMOVAL (Specify) Aug. 19/53 Loudon Park	RY OR CREMATORY 24D. LOCATION (City, town, or county) (Statement of the county) (Statement of the county)	ate)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	ary H. history 101 Edmondson Ave	



A	-1	31										X		E 9	-	
-	:3	76	103			В				ALTH DEPART				53	16	4.U.1
B	RTH	NO.					CE	RTIF	ICATE	OF DEAT	'H	R	egistere	d No		
		- D-1-41	CLAC	SED UDE	A.	ABE	3077	-				2. DAT	8/	18/	53	
		E OF	DEATH:				116		37	4. USUAL RESID	ENCE (W	here dece				residence re admission)
В.	FULL	NAME	OF	(If not in	hospita				142 \	MARY LA	ND		ALTI			RAL and give
	ISTIT	NOITU	UNI	ON MI	EMO:	RIAL	H05	PITA		OWINGS	m	ices			nie KUI	township)
	ng	gth of	stay in	Baltime	ore		60	0	Yrs. Mos. Days	D. STREET ADDR	ESS (If	rural, give	e location	53	00	
	SEX	m	1	LOR OR F		MIDO	OWED, D	VORCE	D (Specify)	2-17-1			(In years pirthday)			Hours Min.
Worl R	A. US	UAL O	CCUPA"	TION (Give	retired)		I ro		S OR DUSTRY	11. BIRTHPLACE(ntry)		WHAT	COUNTRY
13	. FAT	HER'S	NAME	<u>cca</u>		- 100	2720	~~		14. MOTHER'S MA					4.0	.07.
6				A. a						Trangar	et !	Han	amo	ad	,	
		DECEA:		R IN U.S.	ARMED or dates	of service)		SOCIAL SECURIT	TY NO.	Blanche	M. A.	66. +	t ou	ADDR		11/5
	18.	42.	2.1	1					AUSE (OF DEATH					INTERV	AL BETWEEN
	C	DISEA This do	LEAD s not m	CONDIT	DEAT node of	H dying,	e. g.,	Mal	relies	loanula	v ae	cide	at		8	Krs
	h	eart fail	ure, asth	ication w	It mear	as the disc	ease,	DUE TO								
_			ANTE	CEDENT	CAUS	ES		1	to in	selvatie	and.	3310			3-11-4	7
ERTIFICATION				ONDITIO				DUE TO				iea			***********	
CAJ	U	NDERL	YING C	CONDITIO	ON LAS	5T.		(C)					***********	*************	************	1441 0400000000000000000000000000000000
LIFE				11												
ER	T	RIBUTIN	G TO TH	ICANT C	BUT I	NOT RELA	TED									
O.				RATION				DINGS O	F OPER	ATION					20. A	UTOPSY?
SAL															YES] NO [
MEDICAL	LYI	NG C		VAS UND TRIBUTII					Y (e.g., In office bildg., e		OID (II	f in Balt	imore Cit	ty, give	exact lo	ocation)
~		TIME) (Day)	(Year)		WHILE	AT T	OCCURRE	D 21F. HOW DIE	INJURY	OCCUR	17	181		
	22.	I here	bu cert	ify that	Latte	m. ended th	e decei		m. 8	18/53 19	. to 8	1/18/	53,19	9 th	at I la	ist saw the
				8/18		, 19			th occur	16.7		/				ated above.
	234	SIGNA	TURE	2.0	Kn	ock	In		M. D. 9	mon has	norio	2940	aput	0 8	18 /18	153
TIC	N RE	URIAL, MOVAL (OREMA- Specify)	AU0	ATE	-53		THO	CEMETER	RY OR CREMATORY	240. LC	CATION	City, to	wn, or c	ounty)	(State)
		REGIS		REGIST	RAR'S	SIGNA	TURE	6	11	25. FUNERAL DIR	RECTOR	1	0 -	AD	DRESS	- n- 1
-	VS	5 150			,	d ^g	400		2 200	-90	2 1/2	m I	cuu	es		7 791
ER.									ر سر							

BALTIMORE CITY HEALTH DEPARTMENT 7402 CERTIFICATE OF DEATH BIRTH NO . NAME OF DECEASED (Type or Print) VIRGINIA OF MARGARET DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION MERCY HOSPITAL, INC. KALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. AVE. ETHYLBERT ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.
WIDOWED DIVORCED (Specify) 9. AGE (In years If Under) Year If Under 24 Hours last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY TARYLAMO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LATCHAIT ELIZABETH (FIBBON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war ur dates of service) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH STRAHGULATED FETTORAL (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TERIOSCLEROFIL CARDIOVASCLLAR DIS. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

before admission)

WHAT COUNTRY

ONSET AND DEATH

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NJURY

8/16, 1953 that I last saw the . 19___. to__

22. I hereby certify that I attended the deceased from_

8/16, 1953 and that death occurred at 6:55 Bm., from the causes and on the date stated above. deccased alive on_ 23B. ADDRESS

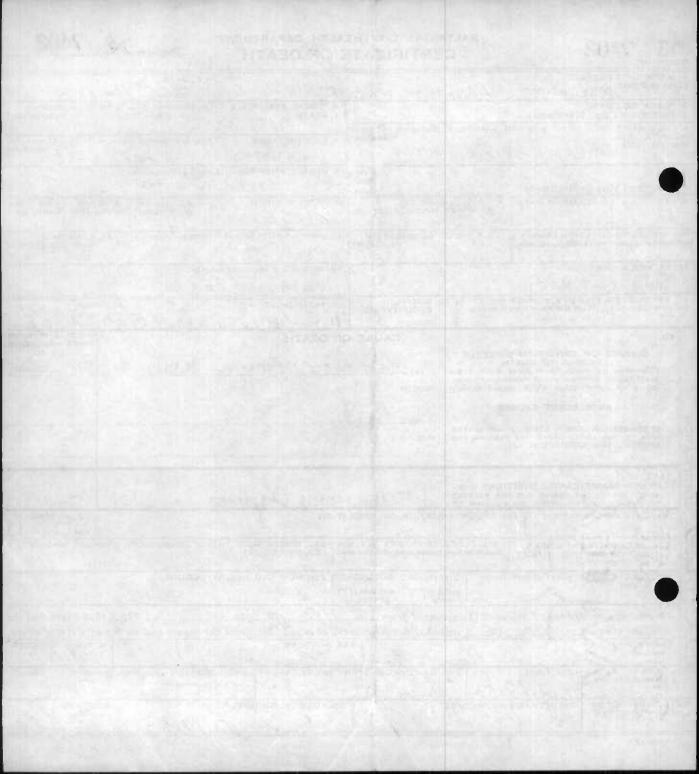
23A. SIGNATURE

23c. DATE SIGNED BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25. FUNERAL DIRECTOR

VS 150

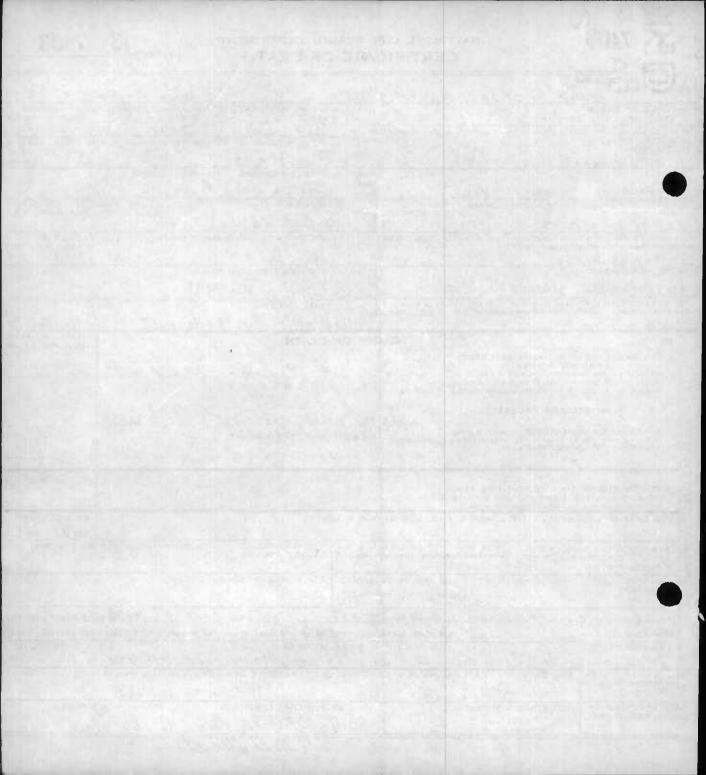


<-2	35
53	74.03
BIRTH NO	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 74.03

BIRTH NO.	TIFICATE	OF DEATH	1	
1. NAME OF DECEASED (Type or Print)	, , , , ,		2. DATE OF	10 - 5
3. PLACE OF DEATH:	FENDIKE	4. USUAL RESIDE	DEATH 8 -	18-53
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution, gives HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN		mits, write RURAL and give township)
Union Memorial Hospital			ore 12	-0 2
ength of stay in Baltimore 40 Vears	Yrs. Mos. Days	Home W	ood Apts.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRI WIDOWED, DIVO		8. DATE OF BIRTH	9. AGE (In years	Il Under I Year II Under 24 Hours Months: Days Hours: Min.
remale white Widowed		12 Oct. 18	84 68	Marine Days Hours Mill.
10A. USUAL OCCUPATION (Give kind of Mork dooe during most of working life, even if retired)		11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland		USA
13. FATHER'S NAME	The Augy	14. MOTHER'S MAI	DEN NAME	
* Howard Gardner		Emily 1	Juvall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SEC	CIAL CURITY NO.	17. INFORMANT		ADDRESS
No		GEUrgs H. K	ostendike, III.	333Tunbridge Rd
18. 443×	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 1	0		,
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE	, cere	urrent.	ear acciden	7 34rs
ANTECEDENT CAUSES	HUDELT	Ensive arter	rioselerotic ea	rdio
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE	TO Vase	ular disec	. 321	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE UNDERLYING CONDITION LAST. (C)	3)	***************************************	***************************************	
ži				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED				
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	*******************************	***************************************		
19A. DATE OF OPERATION 19B. MAJOR FINDIN	GS OF OPERA	TION		20. AUTOPSY?
4				YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, CAUSE OF DEATH	NJURY (e. g., io e ,etreet, office bldg., etc	or 21c, WHERE DI	O (If in Baltimore City	y, give exact location)
Z 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY	JRY OCCURRE	D 21F. HOW DID	INJURY OCCUR?	
m. WHILE AT	NOT WHILE			
22. I hereby certify that I attended the decease	d from 8-1	7 , 1953	to 8-18 19	53 that I last saw the
deceased alive on 8-18, 1953, and that	t death occurr			the date stated above.
23A. SIGNATURE,	23	B. ADDRESS	. /	23C. DATE SIGNED
marjorie H. Thendry			morial lospi	
TION, REMOVAL (Specify)	d Ridge	Y OR CREMATORY	Pikesville, Md	
DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRE		ADDRESS
LOCAL REGISTRAR	A AD	The a. Mitches	21 + Sow. Inc. 1900	Eutaw Place
VS 150		7111311	titaliell	
V			ferrier	



VS 150

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY!

INTERVAL BETWEEN

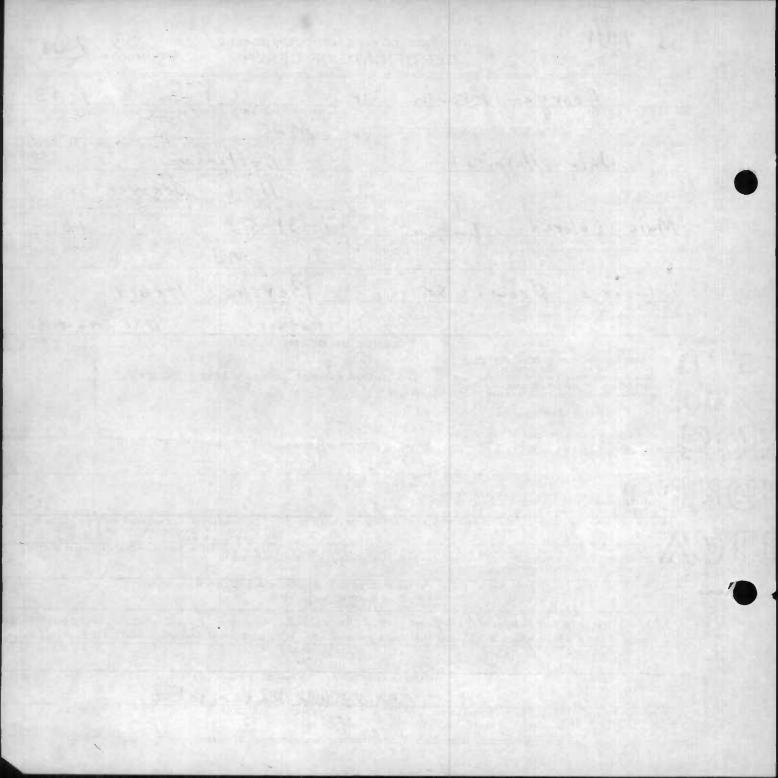
ONSET AND DEATH

20. AUTOPSY

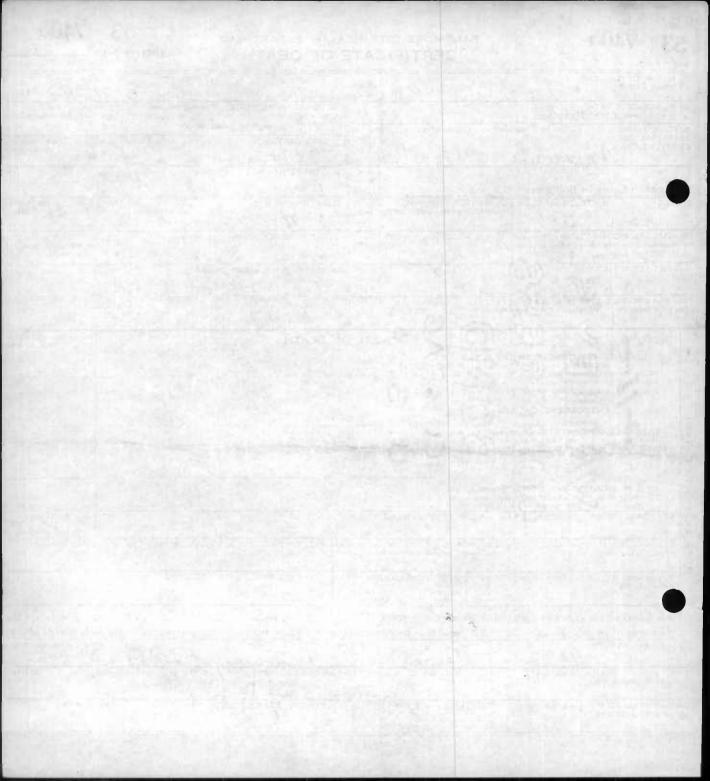
23c. DATE SIGNED

ADDRESS

BINDING



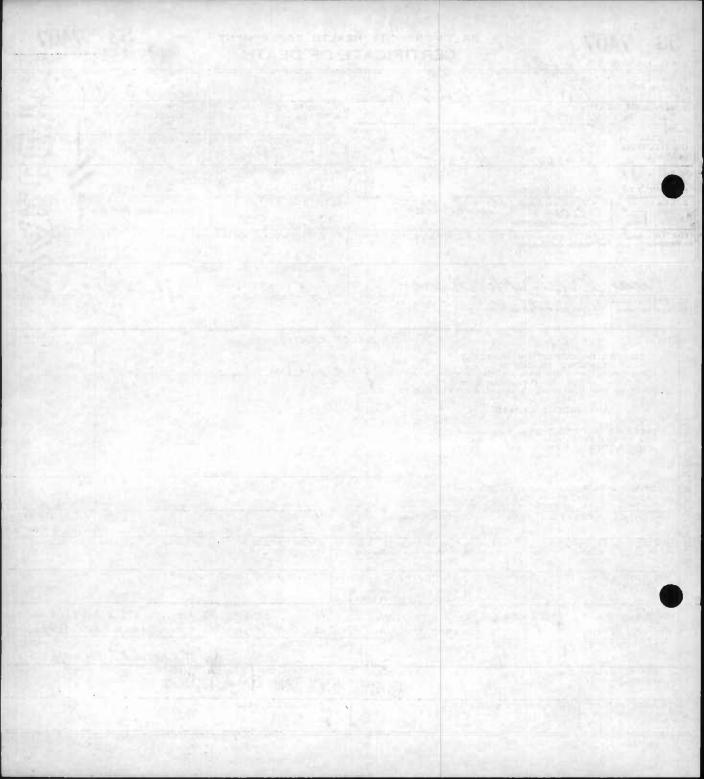
16-650				
53 7405	BALTIMORE CITY H	EALTH DEPARTMENT	53	74.05
BIRTH NO. 53-18706	CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF OECEASED (Type or Print)	- 0 0	"A"	2. OATE OF C	1. 53
3. PLACE OF DEATH:	in breet	1 4. USUAL RESIDENCE (W	OEATH O	/-53
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or is	nstitution, give street address or	A. STATE 1504	B. COUNTY	before admission
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If	outside corporate limits, v	rite RURAL and giv
aniversity	71 esp/191	D. STREET AOORESS (If r	ural give location)	
ength of stay in Baltimore	4 Mos.	1504 By	rd st	
	INGLE, MARKED (Specify)	8. DATE OF BIRTH	9. AGE (In years all Und last birthday) Month	er l Year Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B.	KINO OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF
work done during most of working life, even if retired) Premature	INDUSTRY	Univ Ho	SP.	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	E1 E1 5.00
15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL	13 eat rica	e PARKS	3
(Yes, no or unknown) (If yes, give war or dates of ser	security No.	Mother	ADD	RESS
18. 7764	CAUSE	OF DEATH		INTERVAL BETWEE
DISEASE OR CONDITION DIRE	CTLY P	- t. t.		
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	disease,	imaliony	·y····	
ANTECEDENT CAUSES	death.) DOE 10			
	(B)			
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT				
	(C)			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT			SALESSIESE	
O TO THE DISEASE OR CONDITION CAUS		RATION		20. AUTOPSY?
Y				YES NO
	B. PLACE OF INJURY (e. g., i t bome, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	EO 21F. HOW OIO INJURY	OCCUR?	
OF INJURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I attended	d the deceased from 8	-753 , 1953, to 8	-// - , 1953, t	hat I last saw th
deceased alive on 8 // , 19_		rred at 12 30 m., from th		date stated above
W. Z.	Heiner M.D.	University	Hospilat	8-11-53
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE		CATION City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIG	NATURE DAY HOLK	25 FUNERAL DIRECTOR		DDRESS
LOCAL REGISTRAR	my 9530	waring	on Williams	162
VS 150		0		



	W-624						
В	3 7406 RTH NO. 53-1870	BAI	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No.	3 7406	
	NAME OF DECEASED ype or Print) TOYCE	MARS	HALL		2. DATE OF aug. 1	1, 1453	
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (V		itution: residence before admission)	
В.	FULL NAME OF (If not in hos		ion, give street address or location)		Baltwork		
	ISTITUTION Unwersity	Hospita		Baltimoil	outside corporate limits, w	township)	
d	ngth of stay in Baltimore	5 hours	Mos. Days	D. STREET ADDRESS (If	rural, give location)	ette St.	
5.	SEX 6. COLOR OR RACE - emule hegye	7. SINGL WIDOV	E, MARRIED, VED, DIVORCED (Specify)	B. DATE OF BIRTH ang 11, 145 >	9. AGE (In years last birthday) Month	s Days Hours Min.	
1 C	A. USUAL OCCUPATION (Give kind done during most of working life, even if retir	dof IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY	
13	FATHER'S NAME			Baltaria maryl	and.	USA.	
	nathaniel marshal	e		Odessa Han	cocls		
15 (Ye	. WAS DECEASED EVER IN U. S. ARI	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	EAR	ilss -	
_	No			mother	811 W. 5.1	lt., Belte.	
	18. 776 % 1		CAUSE	OF DEATH		ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., (A) from turity						
	(This does not mean the mode of dying, c.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CA						
NO	DISEASES OR CONDITIONS	S, IF ANY, GIVII	(B)		***************************************		
ERTIFICATION	UNDERLYING CONDITION	A) STATING T LAST.	HE DUE TO				
FIC			(C)		•••		
RT	OTHER SIGNIFICANT CON						
CE	TRIBUTING TO THE DEATH, B	DN CAUSING	Τ		***************************************		
AL	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		YES NO	
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PL/about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	n or 21c. WHERE DID (Industry OCCUR?	If in Baltimore City, give		
Σ	21D. TIME (Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?		
	- INJURY	m.	WHILE AT NOT WHILE				
	22. I hereby certify that I c	attended the	deceased from 1:15 a.	m. 8/11 , 1953, to 6:	15 a.m. 8/11, 1952, t	hat I last saw the	
	deceased alive on 8/11	, 19 <u>5</u> 3,		rred at 6.15 am., from t			
	m. D. monil	1	M. D.	1718-A Glan Keit	& Blut, Town 4	8/1/53	
	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)			HYDR CREMATORY 24D. L		county) (State)	
	ATE RECEIVED BY REGISTRA	R'S SIGNATU		25. FUNERAL DIRECTOR	AI	DDRESS	
=			No.	1 19 mortion 2	V Valde allaha	NISE.	
	HVS 150	ALL THE STATE OF		W			

50X 14 1		88 74 B
		•

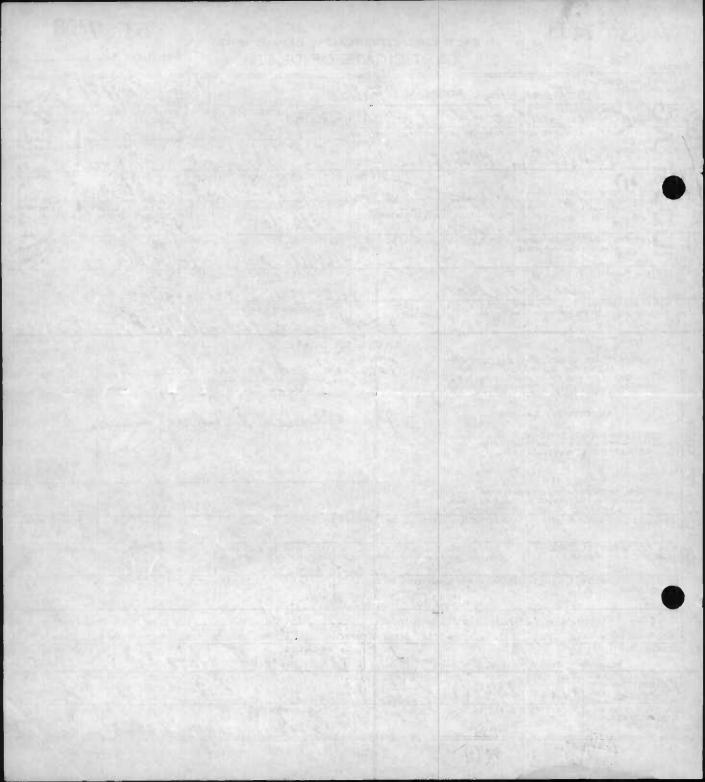
1 1	-525 Du	Heimer	There exists to	Teach 1	
1	53 7407	K, BALTIMORE CITY HE		Registered No.	7407
В	RTH NO. 53-19208	CERTIFICATI	E OF DEATH	Registered No.	ale como
	NAME OF DECEASED ype or Print)	lohnson		2. DATE OF DEATH	4-53
	PLACE OF DEATH: Baltimore City, Maryland	J	4. USUAL RESIDENCE (W	here deceased lived, If inst B. COUNTY	itution : residence before admission)
H	OSPITAL OR	al or institution, give street address or location)		outside corporate limits, w	rite RURAL and give
	Univ Univ	Hospital	Baltimor-	e /2-6	township)
d	ngth of stay in Baltimore	Yrs. Mos. Days		ural, give location)	
5	SEX 6. COLOR OR RACE	7 SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8-14-53	9. AGE (In years Under Months	Days Hours Min.
10 wor	A. USUAL OCCUPATION (Give kind of a done doring most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	. 0	14. MOTHER'S MAIDEN NA	-1 1 1 1 1	
11	. WAS DECEASED EVER IN U. S. ARMED	nnson	Margare	T Kell	1
(Ye	s, no or unknown) (If yes, give was or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADD(Ess
	18. 7764	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION	TH	+ 4 4 4 0		
	(This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of	ns the disease,	emalare		
	ANTECEDENT CAUS				
HION	DISEASES OR CONDITIONS, 11	F ANY, GIVING	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	
ATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO			
RTIFICA	Н	(C)			
ERT	OTHER SIGNIFICANT CONDI				
U	19A. DATE OF OPERATION 1	9B. MAJOR FINDINGS OF OPER			20. AUTOPSY?
CAL	21a. ACCIDENT, SUICIDE,	LOSS BLACE OF INJURY ()	or 21c. WHERE DID (If	in Baltimore City, give	YES NO
1EDICA	HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in balumore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year)			OCCUR?	
		m. WHILE AT NOT WHILE			
	22. I hereby certify that I att deceased alive on 8-14	cnded the deceased from 8	red at 10 50 m from th	e causes and on the c	nat I last saw the
	23A. SIGNATURE W. L		3B. ADDRESS		3c. DATE SIGNED
2 TI	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	24C. NAME OF CEMETE	MEDICAL SCHOOL Qua	CATION (City, town, or o	
	ATE RECEIVED BY REGISTRAR'S	S SIGNATURE	25. FUNERAL DIRECTOR	AE	DRESS
1	UG 9 1 Tourth	you I voluntur, My	- Control	Williams.	•
	VS 150	O .	3		



BALTIMORE CITY HEALTH DEPARTMENT

53 74.08

	CERTIFIC	ATE OF DEATH	Registered No.	
BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	Brown F	uller	2. DATE OF DEATH	1/53.
S. PLACE OF DEATH: A. Baltimore City, Maryland	vident Hos	P. A. STATE	B. COUNTY	titution: residence before admission)
HOSPITAL OR		tion) C. CITY OR TOWN	(If outside corporate limits, w	vrite RURAL and give
PROVIDENT I	HOSPITAL	Baltin	unc 16-	-O of township)
congth of stay in Baltimore 2.1	1	Mos. 7/8 1.4	rellere store	2
Male 6 COLOR OR RACE 7. S	INGLE, MARRIED, VIDOWED, DIVORCED (S	9. DATE OF BIFTH	9. AGE (In years fi Und	es Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B work done during post of working life, even if retired)	KIND OF BUSINESS O		offoreign country) 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	0 1	14. MOTHER'S MAIDON	N NAME	
John tul	ler	Manue So	erlingtin	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of ser	vice) 16. SOCIAL SECURITY N 2/6-09.5	39 fellian tu	Cler 718 1. ta	altere Cor
18.002X	CAU	SE OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRE LEADING TO DEATH	CTLY To	xemia and Seve	LAR Emaciation	
(This does not mean the mode of dyi heart failure, asthenia, etc. It means the injury or complication which caused	disease,			
ANTECEDENT CAUSES	T _a	a alasneed Pu	Inonan tubucal	
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT	, GIVING			
UNDERLYING CONDITION LAST.	ING THE DOC TO			
Ē	(C)			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED			
194 DATE OF OPERATION 198 M	AJOR FINDINGS OF	OPERATION		20. AUTOPSY?
Y 21A. ACCIDENT, SUICIDE. 21	B. PLACE OF INJURY (e. g., in or 21c. WHERE DID	(If in Baltimore City, give	YES NO
E ZIA. ACCIDEITI. SOICIDE.	t home, farm, factory, street, office		(II III Dartimore Orty, give	: exact location)
21D. TIME (Month) (Day) (Year) (Hou	WHILE AT NOT	URRED 21F, HOW DID INJ	URY OCCUR?	
22. I hereby certify that I attende			, 19, t	hat I last saw the
	, and that death	occurred atm., from	m the causes and on the	date stated above.
23A, SIGNATURE R.O	Ceyno M.	238. ADDRESS Crovident	Hospital	8-18-53
TION REMOVAL CREMA- 248, DATE THE TOWN REMOVAL CHEMISTRY CHEMISTRY 20/	245. NAME OF CEN	Memoral 1	Bultineore	ma (State)
DATE RECEIVED BY REGISTAR'S SIG	GNATURE	25. FUNERALTBIRECTO	ward Inga	DORESS
VS 150	Williams, to	U VILVORENS PR	11	- arey of

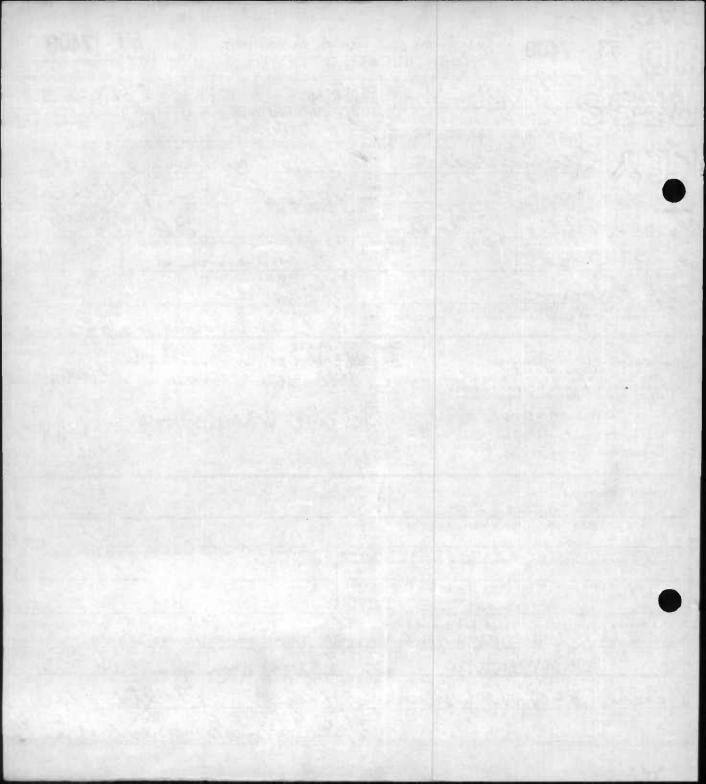


5-632

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7409 Registered No.

BIE	RTH NO.							
	NAME OF Dope or Print)	ECEASED JV	ussie.	Sherot	sky	2. DATE OF DEAT	8-1	18-53
Α		City, Maryland			A. STATE	DENCE (Where decea	sed lived, If i	nstitution : residence hefore admission)
HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or instituti	on, give street address of location		(If outside cor	porate limits	, write RURAL and give
4	Α	Levu	cdx		ball	more	25	township)
c.	gth of st	tay in Baltimore		4/ Yrs.	1023	RESS (If rural, give	eye.	the St
7	SEX	6. COLOR OR RACE		. MARRIED. ED. DIVORCED (Specify	8. DATE OF BIRT	H 9. AGE (Under I Year II Under 24 Hours this Days Hours Min.
	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR		(State or foreign coun	try)	12. CITIZEN OF
H	ouse			INDUSTRY	Ken	som	-	WHAT COUNTRY?
13.	FATHER'S N	IAME			14. MOTHER'S M	AIDEN NAME		
15.	WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		AE	DDRES 9)
1 00,	, no or unknown)	(11 yes, give war or date	a or service)	SECURITY NO.	Hal 4	harrou	-100	w Kedwood
	18. 442	× 1	515555	11.	of DEATH TENLINE and	1 arterior	Pan Air	INTERVAL BETWEEN ONSET AND DEATH
	(This does	LEADING TO DEA' not mean the mode of	TH of dving, e.g	(1)	and impact	las Siver	Le	severalyean
	heart failui	re, asthenia, etc. It mea complication which o	ns the disease caused death.		N CONCO V INSTONO	· · · · · · · · · · · · · · · · · · ·		
		ANTECEDENT CAUS	SES	H	meral a	rteringelo	nasia	Mahil Manal
5	RISE TO TI	OR CONDITIONS, I	STATING TH	(B) E DUE TO			VV0.W	Transf grow
5	UNDERLY	ING CONDITION LA	AST.	(C)		***************************************	***************************************	
	OTHER C	III	TIGUE					
1	TRIBUTING	IGNIFICANT COND! TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D				
1	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION			20. AUTOPSY?
֓֞֝֝֟֜֜֝֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֜֓֓֓֓֡֓֜֜֡֓֡֓֡֓֡֓֜֡֓֡֓֡֡֡֡֡֡		ENT WAS UNDER		CE OF INJURY (e. g.,			nore City, gi	YES NO ive exact location)
	CAUSE OF			rm, factory, street, office bldg.,				
	NJURY	Month) (Day) (Year)	V	HILE AT NOT WHILE WORK		D INJURY OCCURT		
1	22. I hereby	y eertify that I att	tended the		8-5 195	2, to 8-18		, that I last saw the
	deceased al	ive on 8-18		and that death occu	rred at 430 pm	., from the causes	and on th	e date stated above.
	1	moreone	ionduk	М. D.	23B. ADDRESS	dale		8-18-53
710	A BURIAL, C REMOVAL (S LUCCO		13	Yerru	9 RELEASE	24b. LOCATIO	alto	or county) (State)
	TE RECEIVED		SSIGNATU	RE O	TOUR CO	worke z	1006	Section P
FU	VS 150	. /	7. 61	2 / /				



9-355

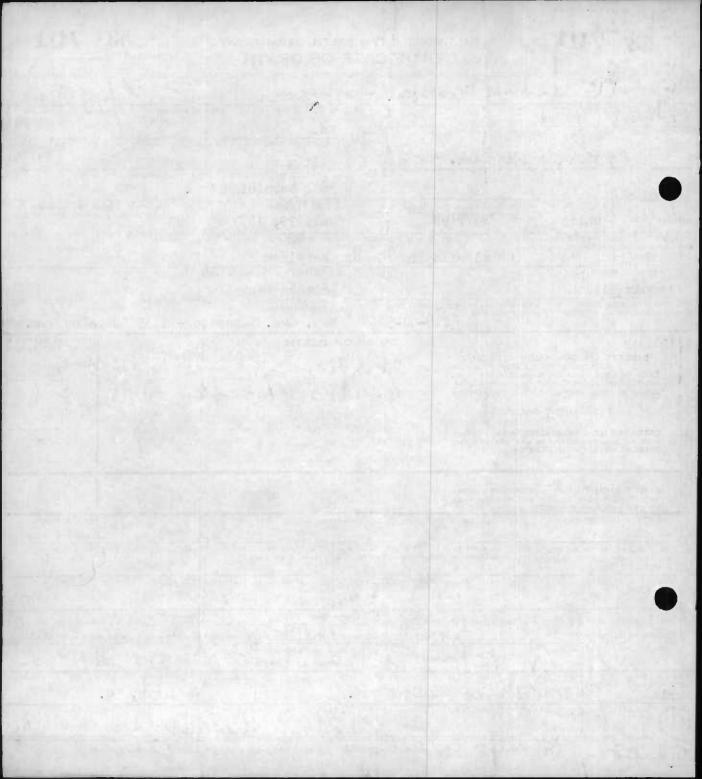
	E OF DEATH Registered No.
BIRTH NO.	L2 DATE
(Type or Print)	In a n 2. DATE OF BEATH 5-3
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location	District of Qumbia Wash DC.
INSTITUTION 4	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRÉSS (If rural, give location)
e. Eigh of stay in Baltimore 43 Mos.	914 C1 1 1 1111
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years ii Under Year If Under 24 Hours Months; Days Hours; Min.
Mhile Married + wil	1819 74
OA. USUAL OCCUPATION (Give kind of TOR KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME	14. MOTHER'S MAIDEN_NAME
Havery	AGAINET MAIDEN NAME
15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Mos, no or nnknown) (Mos, give war or dates of service) SECURITY NO.	Me Julius Loodinare
18. 332X CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 1 7 7/ 1
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	lar Arlery Ihrombosis 45 day.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY7 YES
DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES
DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES
DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO Lia or 21c. WHERE DID (If in Baltimore City, give exact location) RED 21f. HOW DID INJURY OCCUR? 10. AUTOPSY? YES NO Lia or No
DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO Lia or 21c. WHERE DID (If in Baltimore City, give exact location) RED 21f. HOW DID INJURY OCCUR? 10. AUTOPSY? YES NO Lia or No
DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (a. g., about home, farm, factory, street, office bldg CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURINJURY WHILE AT NOT WHILL AT WORK 22. I hereby certify that I attended the deceased from 2 deceased alive on 77, 1957, and that death occur 23A. SIGNATURE	RATION 20. AUTOPSY? YES No No No No No No No N
DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 17, 1957, and that death occu	RATION 20. AUTOPSY? YES No No No No No No No N
DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 1NJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 12, 1957, and that death occu	RATION 20. AUTOPSY? YES
DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (a. g., about home, farm, factory, street, office bidge CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 121	RATION 20. AUTOPSY7 YES No No No No No No No N
DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO NO NO NO NO NO NO N
DISEASE OR CONDITIONS, IR ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (C) (C) (C) (C) (C) (C) (C	RATION 20. AUTOPSY? YES

W- 425

BALTIMORE CITY HEALTH DEPARTMENT

53 7411

E	IRTH NO.			CERTIFICATI	E OF DEATH	Registered N	0
1.	NAME OF G	ECASED	u no	man li	Silson	2. DATE OF DEATH	17.53
	Baltimore		- 12		4. USUAL RESIDENCE (nstitution; residence before admission)
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)		Mantaida aanaanta kirit	'a Danar I .
11	NSTITUTION	3604 Spauld	ing Ave		Baltimore	If outside corporate limits	write RURAL and give
	M			Yrs.	D. STREET ADDRESS (I		1 10
С		tay in Baltimore		Mos. Days	3604 Spaulding	Ave.	
	ale	6.COLOR OR RACE	7. SINGLE	E. MARRIED. ZED. DIVORCED (Specify) 100	B. DATE OF BIRTH July 29, 1873		Under I Year H Under 24 Hours this Days Hours Min.
10	DA. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
wor	k doos duriog most. Clerk (r	of working life, eveo if retired)		ale Dry Good			WHAT COUNTRY?
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
_	Francis				Rebecca Beck		
(Ye	o, no or uoknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY, NO.	17. INFORMANT		DRESS
				216-01-5669	Mrs. Geo. Thomp	oson - 2135 Lo	rraine Ave.
CERTIFICATION	DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	LEADING TO DEAT of not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA GIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	f dying, e. g ms the diseas aused death ses ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	dio Vasa	fler Dise	704~ ae?
AL	19A. DATE C	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	LYING OI CAUSE OF 21D. TIME	ENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	itc.) INJURY OCCUR?	(If in Baltimore City, gi	
	INJURY		m.	WHILE AT NOT WHILE			
2	deceased at	TURE	ended the	deceased from	53 Meda	the causes and on the	SIT SIGNED
	4A. BURIAL. (S ON, REMOVAL (S urial	8/20/53	V	Woodlawn Cem		Woodlawn, Mo	
	ATE RECEIVE OCAL REGIST		June 1984 /	RE Clipaling Mys.	25 FUNERAL DIRECTOR		p-Battoms
2	réales	my 09 16	leo	Wills -	- you on	Vocatio	2).



(D536	52 CER 7412	BAL	TE CORRECTE	ALTH DEPAR	RTMENT		74	1.2		
1.	NAME OF DI	Dellor	nge	CERTIFICATE			Registere	d No			
3. A. B. I	PLACE OF D	EATH: Sity, Maryland	ye ye	on, give street address or location)	A. USUAL RESIDENCE (Where deceased lived. If institution: residence as COUNTY before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
	Length of st	tay in Baltimore 6.COLOR OR RACE	D. STREET ADD	RESS (lf rura	Control of the Contro	if Under 1 Y	ear if Under	24 Hours Min.			
vork	Housewif Father's N		at hom	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Louvain, Belgium 14. MOTHER'S MAIDEN NAME Rosalie De Coster						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or unknown) (If yes, give war or dates of service) SECURITY NO.					17. INFORMANT ADDRESS Mrs. Charlotte DeR. Baker, 4508 Maple Ave.						
ICATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)										
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.										
MEDICAL	21A. ACCIDE OR CONTRIE DEATH (NOT	ENT WAS UNDERLYIBUTING CAUSE OF	NG 218, about h	PLACE OF INJURY (come, farm, factory, street, office	e.g., in or 21C. Wholdg., etc.)	CAUSE OF PART I OR F HERE DID (If OCCUR?	in Baitimore C	R IN YI	Xact location	. 🗆	
	21D TIME (Month) (Day) (Year)	(mour) 2	LE. INJURY OCCURRE	2 1F. HO	W DID INJUR	1 OCCUR!				

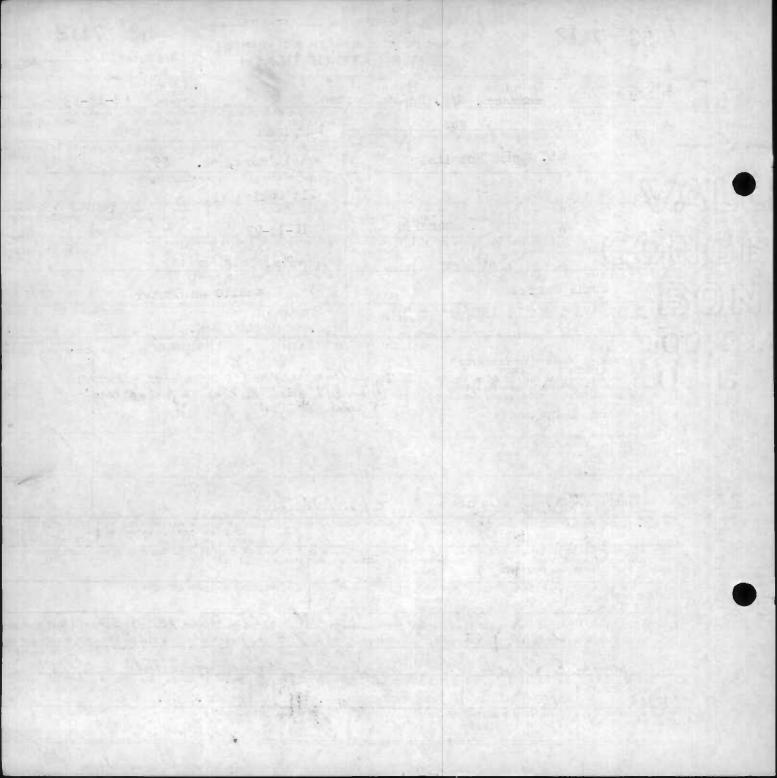
m. 19 5 that I last saw the 22. I hereby certify that I attended the deceased from m., from the causes and on the date stated above. deceased alive on and that death occurred at. 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE

M. D. 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE Balto., Loudon Park Cem.

Burial 25 FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

VS 150

ADDRESS



Registered No. CERTIFICATE OF BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) James David OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE (B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR FOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore munson Days 5. SEX 6. COLOR OR RACE last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY upholsterer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17.UNFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no og unknown) SECURITY NO. un INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 10static TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FANDINGS EDICAL 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID 2 IA. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE

WORK

22. I hereby certify that I attended the deceased from_ 21951, and that death occurred at 9 deceased alive on 28A. SIGNATURE

, 1953 to 8-15 23B. ADDRESS

30 Am., from the causes and on the date stated above. 23C DATE SIGNED

24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)

ling.

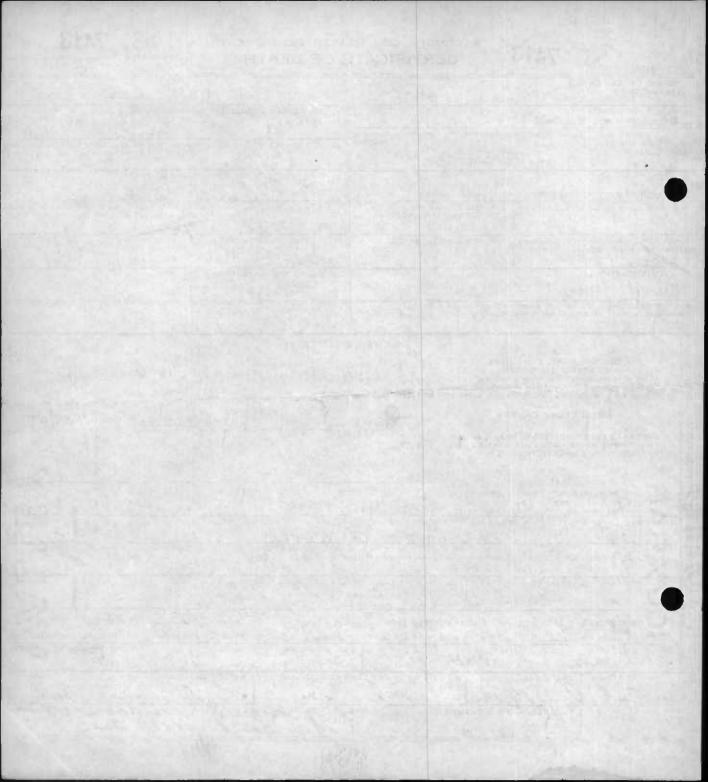
24c. NAME OF CEMETERY

. 19 5 3 that I last saw the

Durias DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

VS 150



	. The
	ould be carefully supplied. ly and legibly.
MARGIN RESERVED FOR BINDING	LAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Sially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERV	UNFADING INK. F
•	LAINLY, WITH

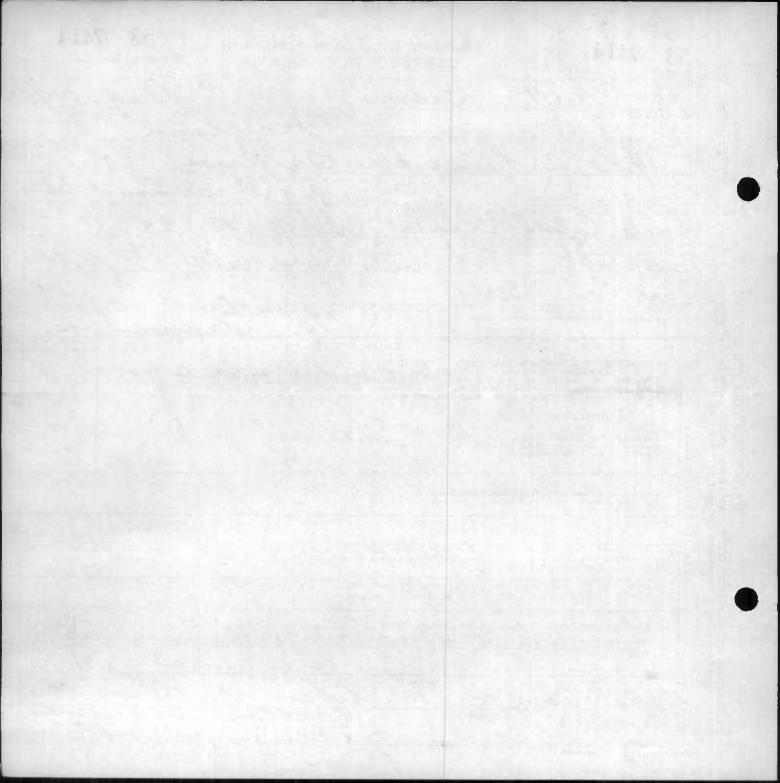
53 7414 BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) (Where deceased lived institution : residence 3. PLACE OF DEATH 4. USUAL RESIDENCE before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. c. Length of stay in Baltimore Days SINGUE, MARRIED, WIDOWED, DOORCED Il Under 1 Year AGE (In years last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUSINESS OR 12. CITIZEN OF Umeelle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yee, no or unknown) (If yes, give war or dates of service) SOCIAL (Yee, no or unknown) SECURITY NO INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Srew chial Asthono RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WAS PERFORMED CAUSE OF DEATH, ENTER IN PART I OR PART II 218. PLACE OF INJURY (c.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 1953, and that death occurred at 2 6, m from . 1953 that I last saw the 22. I hereby certify that I attended the deceased from_ p. m., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23A. SIGNATURE CAKHOII FON N. 24C. NAME OF SEMETERY OR CREMATORY 24A BURIAL, CREMA-248. DATE

0 VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



PLEASE correct ag

BINDING

FOR

RESERVED

MARGIN

WHAT COUNTRY? ADDRESS B. C. H. 4940 Eastern Ave. (records) INTERVAL BETWEEN ONSET AND DEATH Acute Intestinal Obstruction CERTIFICATION APPROVED BY Sub-trochanteric fracture, right femur IF OPERATION WAS RELATED TO 20. AUTOPSYT CAUSE OF DEATH, ENTER IN PART I OR PART II 21C. WHERE DID (If in Baitimore City, give exact location) 1105 W. Franklin St 21F. HOW DID INJURY OCCUR? 1953, that I last saw the 1953, and that death occurred alt: 30 Am., from the causes and on the date stated above. 23c. DATE SIGNED 4940 Eastern Ave., Balto., Md. 24D. LOCATION (City, town, or county) VS 150 To be approved by Medical Examiner N821.0

7415

12. CITIZEN OF

before admission)

The state of the s Berl , it comes on The present ding ALOS N. Description of Asset De THE PERSON NAMED IN COLUMN TWO A STATE OF THE PARTY OF THE PAR had be atten like on

George

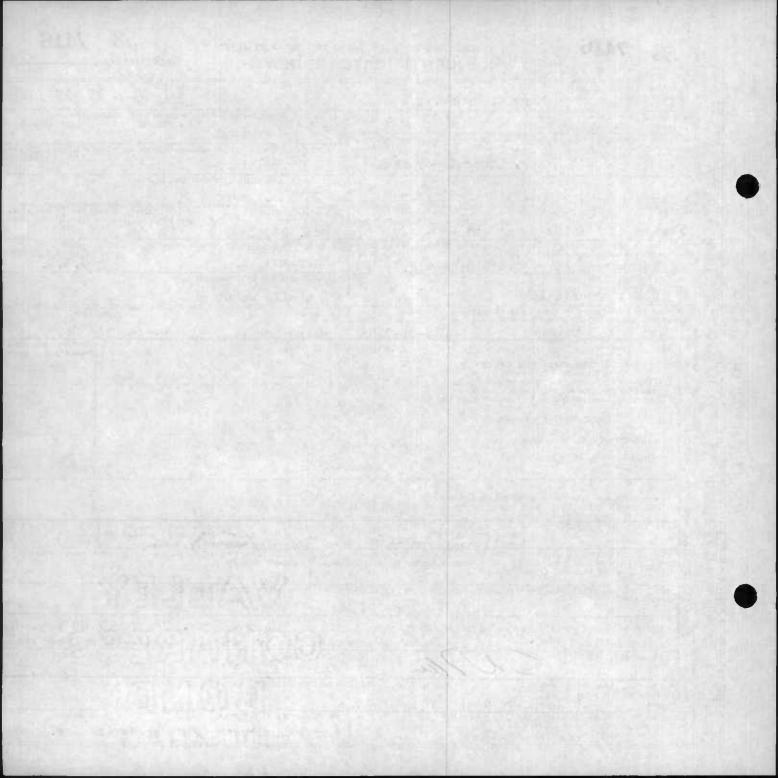
904

Schwab

2101 Frederick Ave.

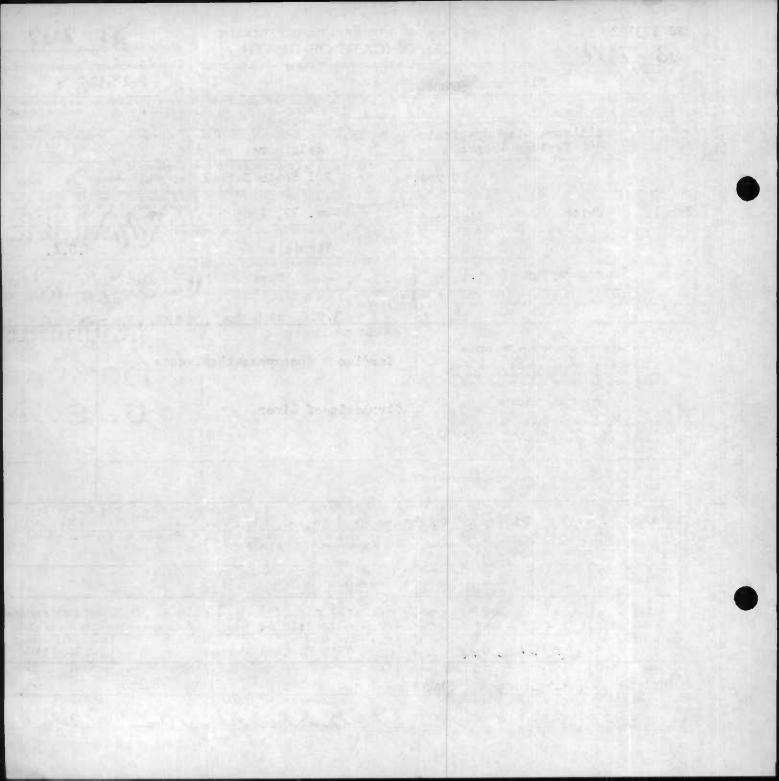
PLEASE WRITE PLAINLY, WITH correct age is especially important.

LOCAL REGISTRAR



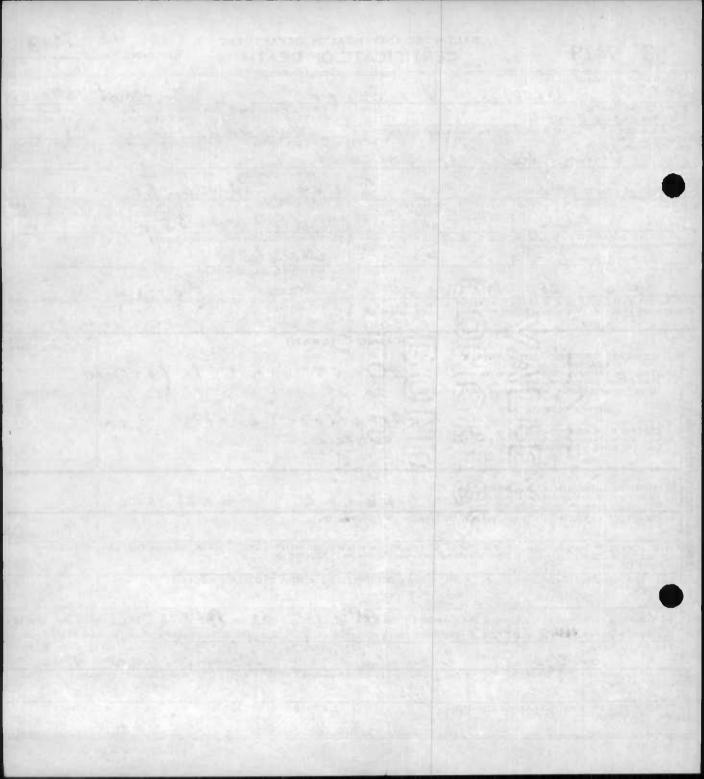
		F OF DEATH Registered No. 74.17
	NAME OF DECEASED	12 DATE
(T	ranhan Florence Branhan	OF 8-18-1953
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
10	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Baltimore City Hospitals iocation)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
2	4940 Eastern Avenue	Baltimore 3 - 0 (township)
	Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 221 South Dallas Ct. #30
	male 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Divorced	B. DATE OF BIRTH Nov. 17, 1885 9. AGE (in years if Boor I Year Months Days Hours Min.
10 ork	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY: U.S.A.
13	FATHER'S NAME Monroe Payton (dec.)	Martha Britton (dec.)
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
Yes	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	B.C.H. 4940 Eastern Ave. (records)
FICATION	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	sis of Liver
ERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
CALC	Aug. 7, 1953 198. CONDITION FOR WHICH OF Aug. 7, 1953 Blopsy of Subcutaneous	Nodules PART I OR PART II YES NO
1EDIC	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., in or bldg., etc.) 21C. WHERE DID (If in Baitimore City, give exact location) INJURY OCCUR?
~	2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURR. OF INJURY WHILE AT NOT WHI AT WORK AT WOR	LE T
	deceased alive on 8 - 18 -, 1953, and that death occur	rred at 2:10 Av., from the causes and on the date stated above
	#79 hullen, M.O.	4940 Eastern Avenue 8-18-1953
TIC	Burial 8-21-1953 Oak Lawn C	em Balto Md
DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS

ears | | Under | Year | | | Under 24 | Hours ay) | Months | Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ec.) ADDRESS (records) INTERVAL BETWEEN ONSET AND DEATH ATED TO 20. AUTOPSY? TER IN YES X City, give exact location) , 1953, that I last saw the d on the date stated above. 23c. DATE SIGNED 8-18-1953 , town, or county) (State) ilto ADDRESS sialise Funnal I forme 7401. Bolain Rd



1000 · 1 cut in the . on . to sury 在,是是可见。1000年,他们就是一个人,一个人,一个人的人,就是一个人的人,也是一个人的人。 1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1

F	5	26									
ВІ	53 RTH NO.	7419	9				ALTH DEPARTMENT OF DEATH		egistered I	03 No.—	7419
	NAME OF ype or Prin		Bess	i	V	Ens	or	2. DA	F Alia.	ist	165 1950
	PLACE OF Baltimor						4. USUAL RESIDENCE	E (Where dece			ion : residence before admission)
H	FULL NAM	R	If not in hospit	al or instituti	on, give street	address or location)	C. CITY OR TOWN	(If outside c	orporate limit	ts. write	RURAL and give
IN	STITUTIO	Unis	m Mu	unnia	e Hu.	spile	Ballimse			, 172300	township)
4	-		7. 1	Alla)	Yrs. Mos.	D. STREET ADDRESS	(If rural, giv			AVE
5.	ngth o		Baltimore OR OR RACE	7. SINGLE	MARRIED,	Days	8. DATE OF BIRTH	9. AGE	(In years	Mondar 1 Y	
4	mal	h	hite	THE REAL PROPERTY.	JAMHI -	D (Specify)	Word 8th 10	PRS last	S V Mo	onths D	ays Hours Min.
work	done during m	OCCUPATION OCCUPATION	ON (Give kind of life, even if retired)	108. KIND	OF BUSINES	SS OR IDUSTRY	11. BIRTHPLACE (State	or foreign cou	intry		TIZEN OF HAT COUNTRY?
13	. FATHER	SNAME	1.	11.			14. MOTHER'S MAIDE	N NAME			
15	. WAS DECE	ASED EVER	IN U, S. ARMED	FORCES?	16. SOCIAL		17./NFORMANT	190	1 - 5 4	1 C	5
(Ye	, no or unkno	wn) (If yes	, give war or date	s of service)	7/833	TY NO.	Hamuel Jr. (man	11049	of R	Fights Pre
		0 4 0		X	C	AUSE C	OF DEATH				TERVAL BETWEEN
		LEADI	CONDITION								*
	(This c	loes not me	NG TO DEAT	TH f dving a g		Mua	cardia	7	1	100	
	heart fa	ailure, asthe	an the mode o nia, etc. It mea ation which c	f dying, e.g ns the disease		Myo	cardin	l in	farc	high)
	heart fa	ailure, asthe or complic	an the mode o nia, etc. It mea	f dying, e.g ns the discase aused death.) DUE TO				farc	hion	
NOI	heart fainjury	ANTEC	an the mode on is, etc. It mea ation which commended to the commendation which commended to the commendation of the commendati	f dying, e.g ns the disease aused death. ES ANY, GIVIN	DUE TO	letz	rioseler		farc		
CATION	heart fainjury DISEA:	ANTEC	an the mode o nia, etc. It mea ation which c	f dying, e.g ns the disease aused death. ES ANY, GIVIN STATING TH	DUE TO		rioseler		1		
LIFICATION	heart fainjury DISEA:	ANTEC	an the mode o nia, etc. It mea ation which c EDENT CAUS ONDITIONS, II VE CAUSE (A) ONDITION LA	f dying, e.g ns the disease aused death. ES ANY, GIVIN STATING TH	DUE TO	letz	rioseler		1		
ERTIFICATION	DISEA: RISE TO UNDER	ANTEC SES OR CO THE ABOVE RLYING CO R SIGNIFICATION THE THE	an the mode on nia, etc. It mea ation which ce EDENT CAUS DIDITIONS, II VE CAUSE (A) DIDITION LA	f dying, e. g ns the disease aused death. SES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	GE DUE TO	letz	rioselevase.	·ofic	5.4		
U	DISEA: RISE TO UNDER	ANTEC SES OR CO THE ABOVE RLYING CO R SIGNIFICATION THE THE	an the mode on nis, etc. It mea ation which ce EDENT CAUS DIDITIONS, II VE CAUSE (A) DIDITION LA II CANT CONDITION C	f dying, e. g ns the disease aused death. SES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT	GE DUE TO	orte clisa	riesclev use.		5.4	art	O. AUTOPSY?
U	DISEA: RISE TO UNDEF OTHER TRIBUT TO THE	ANTEC SES OR CO THE ABOVE REVING CO RESIGNIFIC ING TO THE OISEASE	an the mode on inia, etc. It mea ation which ce EDENT CAUS DIDITIONS, IT VE CAUSE (A) DIDITION LA CANT CONDITION CANTON DITION CANTON 11 CANTON CONDITION CATION 1	f dying, e. g ns the disease aused death. SES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT 9B. MAJOR	GE DUE TO (C)	Clina ab c	risselev vase.	ne 22	6 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2 Y	O. AUTOPSY?
EDICAL C	DISEA: RISE TO UNDER OTHER TRIBUT TO THE 19A. DATI	ANTEC SES OR CO THE ABOVE RLYING CO RIGHTIC	an the mode on nis, etc. It mea ation which ce EDENT CAUS DIDITIONS, II VE CAUSE (A) DIDITION LA II CANT CONDITION C	f dying, e. g ns the disease aused death. ES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT 9B. MAJOR	GE DUE TO	aba OF OPERIORY (e.g., in	ATION or 21c. WHERE DID	ne 22	5.4	2 Y	O. AUTOPSY?
U	DISEA: RISE TO UNDER OTHER TRIBUT TO THE 19A. DATI 21A. ACC LYING CAUSE C	ANTEC SES OR CO OTHE ABOVE R SIGNIFIC ING TO THE OISEASE OF OPER CIDENT W. OR CONT OF DEATH	an the mode on nis, etc. It mea ation which compared to the co	f dying, e. g ms the disease aused death. ES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, fe	GE DUE TO (B) (C) FINDINGS C	Clin A	ATION or 21c. WHERE DID INJURY OCCUR?	n e 22	i fa's.	2 Y	O. AUTOPSY?
EDICAL C	DISEA: RISE TO UNDER OTHER TRIBUT TO THE 19A. DATI 21A. ACC LYING CAUSE C	ANTEC SES OR CO OTHE ABOVE R SIGNIFIC ING TO THE OISEASE OF OPER CIDENT W. OR CONT OF DEATH	an the mode on onia, etc. It mea ation which ce EDENT CAUS ONDITIONS, IF VE CAUSE (A) ONDITION LA CANT CONDITION CATION 1 AS UNDER-RIBUTING AS	f dying, e. g ms the disease aused death. ES FANY, GIVIN STATING TH STATING TH ST. TIONS CON NOT RELATE CAUSING IN 9B. MAJOR 21s. PLA about home, for the causing in th	GE DUE TO (C) FINDINGS C CE OF INJURY LIE. INJURY	Clin A	ATION or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJ	(If in Bald	i fo's	2 Y	O. AUTOPSY? ES No act location)
EDICAL C	DISEA: RISE TO UNDER OTHER TRIBUT TO THE 19A. DATI 21A. ACC LYING CAUSE C 21D. TIME INJUR 22. I her	ANTEC SES OR CO OTHE ABOVE R SIGNIFIC ING TO THE OTSEASE OF OPER CIDENT W. OR CONT OF DEATH (Month) RY	an the mode on inia, etc. It mea ation which ce EDENT CAUS DIDITIONS, IT VE CAUSE (A) ONDITION LA CANT CONDITION LA CANT CONDITION CATION 1 AS UNDER-RIBUTING (Day) (Year)	f dying, e. g ms the disease aused death. SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for m. ended the	GE DUE TO (C) FINDINGS COME INJURY CLE OF INJURY CHILE AT WORK deceased from	C('A A DF OPERI RY (e. g., in , office bidg., et A T WORK DOCCURRE AT WORK	ATION or 21c. WHERE DID INJURY OCCUR? D 21f. HOW DID INJ	(If in Balt	i + 6's	2 that	O. AUTOPSY? ES No act location) I last saw the
EDICAL C	DISEA: RISE TO UNDER OTHER TRIBUT TO THE 19A. DATI 21A. ACC LYING CAUSE C 21D. TIME INJUR 22. I her	ANTEC SES OR COD THE ABOVE REVING COD THE C	an the mode on inia, etc. It mea ation which ce EDENT CAUS DIDITIONS, IT VE CAUSE (A) ONDITION LA CANT CONDITION LA CANT CONDITION CATION 1 AS UNDER-RIBUTING (Day) (Year)	f dying, e. g ms the disease aused death. SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for m. ended the	GE DUE TO (C) FINDINGS COME INJURY CLE OF INJURY CHILE AT WORK deceased from	OCCURRE NOT WHILE AT WORK The court A D A D A D A D A D A D A D A D A D A	ATION or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJ	(If in Balt	i + 6's	give exited the dat	O. AUTOPSY? ES No act location) I last saw the
MEDICAL C	DISEA: RISE TO UNDER OTHER TRIBUT TO THE 19A. DATI 21A. ACC LYING CAUSE C 21D. TIME INJUR 22. I her deceased	ANTEC SES OR CO OTHE ABOVE R SIGNIFIC ING TO THE OTSEASE (OR CONT OF DEATH E (Month) RY Teby certification ON CONT ON CONT OF DEATH E (Month) RY	an the mode on onia, etc. It mea ation which ce ation which ce EDENT CAUS EDENT CAUS (A) ONDITION LA CONDITION LA CONDITION (B) AS UNDERRIBUTING (Day) (Year)	f dying, e. g ms the disease aused death. ES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for m. w.	GE DUE TO (C) FINDINGS C CE OF INJURY CHILE AT WORK deceased from that dea	OCCURRE NOT WHILE AT WORK LOT WHILE AT WORK LOT WHILE AT WORK LOT WHILE AT WORK LOT WITH OCCURRENT LOT WITH OCCURRENT LOT WAS	ation or 21c. Where DID INJURY OCCUR? D 21f. HOW DID INJ 21f. H	(If in Baling, OCCUPANT) The cause of the c	timore City, ses and on the	give exited the dat	O. AUTOPSY? ES No act location) I last saw the estated above. DATE SIGNED
MEDICAL C	DISEA: RISE TO UNDER OTHER TRIBUT TO THE 19A. DATI 21A. ACC LYING CAUSE C 21D. TIME INJUR 192. I her deceased	ANTEC SES OR CO OTHE ABOVE R SIGNIFIC ING TO THE OTSEASE (OR CONT OF DEATH E (Month) RY Teby certification ON CONT ON CONT OF DEATH E (Month) RY	an the mode on nia, etc. It mea ation which ce EDENT CAUS EDENT CAUS ONDITIONS, IT VE CAUSE (A) ONDITION LA CANT CONDITION CANTON 1 AS UNDERRIBUTING (Day) (Year)	f dying, e. g ms the disease aused death. ES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for m. w.	GE DUE TO (C) FINDINGS C CE OF INJURY CHILE AT WORK deceased from that dea	OCCURRE NOT WHILE AT WORK LOT WHILE AT WORK LOT WHILE AT WORK LOT WHILE AT WORK LOT WITH OCCURRENT LOT WITH OCCURRENT LOT WAS	ation or 21c. Where DID INJURY OCCUR? D 21f. HOW DID INJ 21f. H	(If in Balt	timore City, ses and on the	give exited the dat	O. AUTOPSY? ES No Lact location) I last saw the estated above. DATE SIGNED
MEDICAL C	DISEA: RISE TO UNDER OTHER TRIBUT TO THE 19A. DATI 21A. ACC LYING CAUSE C 21D. TIME INJUR 22. I her deceased	ANTEC SES OR CO THE ABOY RESIGNIFIC RESIGNIFIC RESIG	an the mode on nia, etc. It mea ation which continued to the continued to	f dying, e. g mathe disease aused death. SES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT 9B. MAJOR (Hour) m. ended the first august of the control of t	FINDINGS CE OF INJURY CHILE AT WORK CHARLES AT CHARLES	OCCURRE NOT WHILE AT WORK LOT WHILE AT WORK LOT WHILE AT WORK LOT WHILE AT WORK LOT WITH OCCURRENT LOT WITH OCCURRENT LOT WAS	ation or 21c. Where DID INJURY OCCUR? D 21f. HOW DID INJ 21f. H	(If in Balter) timore City, ses and on the	give exited the dat	I last saw the estated above. DATE SIGNED (State)	
MEDICAL C	DISEA: RISE TO UNDER OTHER TRIBUT TO THE 19A. DATI 21A. ACC LYING CAUSE C 21A. TIME INJUR 22. I her deceased 23A. SIGN BURIAL TE RECEI CAL REGION	ANTEC SES OR CO THE ABOY OF THE ABOY RELYING CO RESIGNIFICATION RELYING CO RESIGNIFICATION RELYING CO RESIGNIFICATION RELYING CO RESIGNIFICATION OF CONTROL OF CONTROL OF DEATH E (Month) RY REBU certij	an the mode on nia, etc. It mea ation which continued to the continued to	f dying, e. g ms the disease aused death. ES FANY, GIVIN STATING TH STATING TH ST. TIONS CON NOT RELATE CAUSING IN 9B. MAJOR 21s. PLA about home, for the causing in ms. The causing	FINDINGS CE OF INJURY CHILE AT WORK CHARLES AT CHARLES	OCCURRE NOT WHILE AT WORK LOT WHILE AT WORK LOT WHILE AT WORK LOT WHILE AT WORK LOT WITH OCCURRENT LOT WITH OCCURRENT LOT WAS	arion or 21c. Where DID INJURY OCCUR? 21f. HOW DID INJ 21f. HOW	(If in Balter) timore City, ses and on the	give example 23c.	I last saw the estated above. DATE SIGNED (State)	
MEDICAL C	DISEAN RISE TO UNDER TRIBUT TO THE 19A. DATI 21A. ACCLYING CAUSE	ANTEC SES OR CO THE ABOY OF THE ABOY RELYING CO RESIGNIFICATION RELYING CO RESIGNIFICATION RELYING CO RESIGNIFICATION RELYING CO RESIGNIFICATION OF CONTROL OF CONTROL OF DEATH E (Month) RY REBU certij	an the mode on nia, etc. It mea ation which continued to the continued to	f dying, e. g mathe disease aused death. SES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT 9B. MAJOR (Hour) m. ended the first august of the control of t	FINDINGS CE OF INJURY CHILE AT WORK CHARLES AT CHARLES	OCCURRE NOT WHILE AT WORK LOT WHILE AT WORK LOT WHILE AT WORK LOT WHILE AT WORK LOT WITH OCCURRENT LOT WITH OCCURRENT LOT WAS	ation or 21c, Where Did injury occur? 21f, How Did inj 22f, How Did inj 22f, How Did inj 22f, How Did inj 22f, Funeral Directory 22f, Funeral Direct	(If in Balter) timore City, ses and on the City town of	give example 23c.	I last saw the estated above. DATE SIGNED (State)	

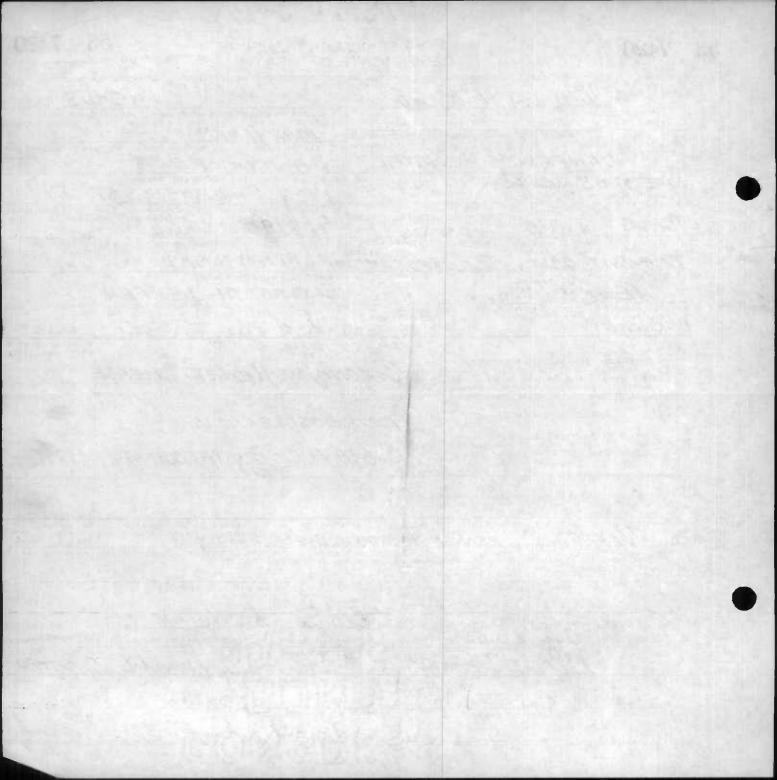


MARGIN RESERVED FOR BINDING

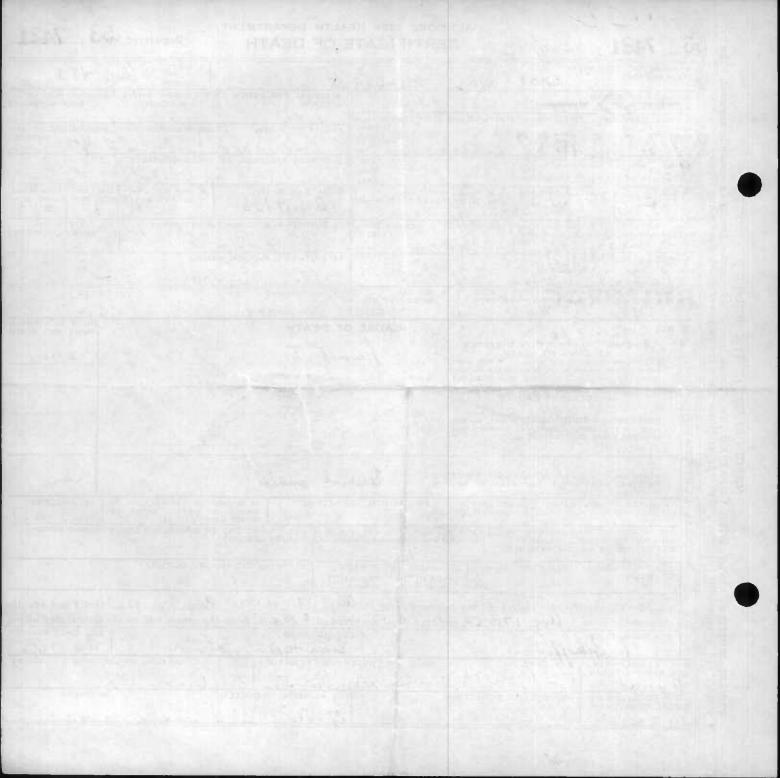
R	-1	0	0
	420		

	53	7420
gistered	No.	

3	1	14.73	HEALTH DEPARTM		3 74.20
		RTH NO.	AIE OF DEATH		
	1. (T	ype or Print) William H. Raab		2. DATE OF 8/18-	-53
	3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDEN	ICE (Where deceased lived, If in	stitution : residence before admission)
	В.	FULL NAME OF (If not in hospital or institution, give street addre	ess or MARYL	AND -	
2	Z	STITUTION UNIVERSITY HOS PITTAL	C. CITT OR TOWN	(If outside corporate limits,	RURAL and give township
CE 30		THE THINE KESIDENT IN MID.		S (If rural, give location)	T. #18
out o	5.	MALE White MARRIED WIDOWED, DIVORCED (S)	8. DATE OF BIRTH	9.AGE (In years Hu	
61.15	10	DA. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS O INDUSTRIES OF BUSINESS OF BUSINES		ate or foreign country)	2. CITIZEN OF
27.	1	RANSIT OPER, TRANSPORTA	THON MOTH	CYLAND	WHAT COUNTRY
1775	13	B. FATHER'S NAME	14. MOTHER'S MAIL		
2	15	MAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	ELITABE	TH DEPFER	
20 20	(Yes	(If yes, give war or dates of service) WKNOWN 16. SOCIAL SECURITY N		12. I. Raab	SAHC
200	-		SE OF DEATH		INTERVAL BETWEEN
27		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	commence the	ANT DICENS	
2		mear various, astherna, etc. It means the disease.	EUNARY ME	ART DISEAS	
MAL		injury or complication which caused death.) DUE TO			
200	z		TERIOSCLER	20515	
Picc	NOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	222 212 . 0		
123	CA	UNDERLYING CONDITION LAST.	PRA-PUBIC PR	OSTATECTOMY	18 days
Clas	H	II .	1/8//	<u> </u>	
Te Kin I	CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	•		
3	AL	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED	CA	OPERATION WAS RELATED TO	20, AUTOPSY?
call	U	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUI	RY (e.g., in or 21C. WHERE	DID (H in Baltimore City, g	
Thor	MED	DEATH (NOTIFY MEDICAL EXAMINER)	t,office bldg.,etc.) INJURY OCC	LURY	
1117		210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC.		ID INJURY OCCUR?	
1011		m. WHILE AT NO	T WHILE	7 10 2	
Por		22. I hereby certify that I attended the deceased from_			that I last saw the
20	13	deceased alive on 198, 1953, and that death of	23B. ADDRESS	from the causes and on the	date stated above
2		Entert S. Singutons.	Universe	te Hospital	8/18/53
D. D.		ON EMOVAL (Specify)		2.17. LOCATION (City, town, or	(State)
TOT	D/	ATE RECEIVED BY REGISTRAR'S SIGNATURE	LIUE	Dallo	DDRESS /
100	LC	DCAL REGISTRAR	Frank !	Ruck 5305	Harlord



*	5	-450			MORE CITY HE			Registered N	53 74	21
The	B	RTH NO. CL 5	3-1915	0 0	ERTIFICATI	E OF DEA				
.pg	(Ť	NAME OF DECEA	BABY	GIRL	SHILLIN			OF OLL	4.17/53	
carefully supplied.	Α.	PLACE OF DEATH Baltimore City,	Maryland			A. STATE	IDENCE (Where	deceased lived. If	nstitution : reside before adm	
y su	H	FULL NAME OF OSPITAL OR STITUTION	(If not in hospit	al or institution,	give street address or location)		WN (If outsid	le corporate limit	write RURAL a	
full			oital of	Baltimo	ve Inc Yrs.		MOY C DRESS (If rural.	7-1	16	vnship)
carefulegibly.	4	Length of stay i	n Baltimore		Mos. Days		OZ N.		5+ #13	
should be early and le	-		DLOR OF RACE	7. SINGLE, N WIDOWED		B. DATE OF BIF	RTH 9. A	GE (In years	Under I Year If Under nths Days Hours	24 Hours Min.
on shou	10 worl	A. USUAL OCCUPA done during most of work	TION (Give kind of ng life, eveo if retired)		F BUSINESS OR INDUSTRY	2 /	E (State or foreign	eountry)	12. CITIZEN OF WHAT COU	
information s of death cle	13	FATHER'S NAME		,		14. MOTHER'S	MAIDEN NAME			,
forn f de	15	. WAS DECEASED EV	ER IN U. S. ARMEI	FORCES? 1	6. SOCIAL	17. INFORMANT		Y - Max	DDRESS	EY
of in	(10	s, no or unknown) (If	N o	s of service)	SECURITY NO.	moth	ley	4	Thore	
em of causes		18. 776X	1		CAUSE	OF DEATH			ONSET AND	
y it		LEA	R CONDITION DING TO DEA mean the mode of	TH	(A) Pre	maturity			2 hrs	
Every item write the cau		heart failure, as	thenia, etc. It mea lication which	ns the disease,	DUE TO				***************************************	********
		ANT	ECEDENT CAUS	SES						
INK	TION		CONDITIONS, I		(B)	*************************************	*******************************	*********************		••••••
ADING icians: 1	<	UNDERLYING	CONDITION LA	ST.	(C)					•••••
UNFADING Physicians:	ERTIFIC	TO THE DEA	ANT CONDITIONS TH BUT NOT INDITION CAUSING	RELATED TO T		bral angle	a)		zha.	
H	AL C	19a. DATE OF OF	ERATION 0 1		ON FOR WHICH OF	PERATION		WAS RELATED TO		
ILY, WITH important.	EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?								
7	2	21D. TIME (Mont) OF INJURY	n) (Day) (Year)	WI	INJURY OCCURR	LE	W DID INJURY	OCCUR?		
		22. I hereby cer	tify that I att	tended the de	ccased from	Cheg. 17, 19	53, to aug	17, 195	3, that I last so	aw th
ITE		deceased alive of		719_53, an	d that death occu-	rred at 3 10 4.	m., from the ca	uses and on the	he date stated	GNED
WRITE re is est		25% 5151	11 11		м. D.	Since 4rspi	tel, Butter	me	aug. 171.	53
SE W		4A. BURIAL, CREM ON REMOVAL (Specif		-1-3 01	C. NAME OF CEMETE	ERY OR CREMATO	N 01	TON (City, town,	or county) (State)
PLEASE correct ag		ATE RECEIVED BY	REGISTRAR	'S SIGNATURE	oo con	25. FUNERAL I		nove 'ly	ADDRESS	-1
P 00		OCAL REGISTRAR	2 mertin	Sout &	Villama	almer?	125.60	relelas	9248.80	110



53		L-5	40	BALT	MORE CITY HE	EALTH DEPA	
53	131	RTH NO.		С	ERTIFICAT	E OF DEA	TH Register
d. T	1. (T	NAME OF D	CEASED F	7000 00			2. DATE OF DEATH ()
pplie		PLACE OF DE Baltimore C	City, Maryland	J		A. STATE	SIDENCE (Where deceased live B. COUNT
should be carefully supplied.	H	FULL NAME OSPITAL OR ISTITUTION	JOHNS HODGE	tal or institution	, give street address or location)	c. CITY OR TO	WN (If outside corporate
eful bly.	-	2	HOPKIN	S HOSPITA	Yrs.	D. STREET AD	Timesa DRESS (If rural, give Matio
e carefu legibly.	1		tay in Baltimore		Mos. Days	22	26 Jake Cu
uld be	5	mule,	6. COLOR OR RACE	7. SINGLE. WIDOWER	MARRIED. D. DIVORCED (Specify)		9. AGE (in year last birthday
shoul		done during most o	CUPATION (Give kind of f working life, even if retired)	10g. KIND O	F BUSINESS OR	11. BIRTHPLAC	E (State or foreign country)
NDING information s s of death cles	13	FATHER'S N		gran	one dans	14. MOTHER'S	MAIDEN NAME
orm dea	7	2 hrus	D EVER IN U. S. ARME	dans		no	7 / In own
of inforuses of d	(Ye	a, no or unknown)	(If yes, give war ar date	es of service)	SECURITY NO.	JOHNS H	OPKINS HOSPITAL
RESERVED FOR INK. Every item please write the cau	CATION	(This does heart failus injury or DISEASES RISE TO T	EE OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It me complication which ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A)	TH of dying, e.g., ans the disease, caused death.) SES IF ANY, GIVING STATING THE	(A) Besi		Ilmulmis
UNFADING Physicians:	CERTIFI	TO THE DISEASE O	II NIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSING	RELATED TO		PERATION	IF OPERATION WAS RELAT
WITH rtant.	CAL			WAS PERFORM	1ED		PART I OR PART II
	MEDI	OR CONTRIE	BUTING CAUSE OF	F about hom	LACE OF INJURY (le, farm, factory, street, office	e. g., in or 210. Wi bldg.,etc.) INJURY	HERE DID (If in Baltimore COCCUR?
PLAINLY, ecially impo	2	210 TIME (OF INJURY	Month) (Day) (Year)		HILE AT NOT WHI	LE	W DID INJURY OCCUR?
PI		22. I hereh	u contifu that I at	tended the de	consed from	5-8 10	53 to 8-18

Lweeks ula di ca ED TO 20. AUTOPSY? ER IN NO L City, give exact location) 1953, that I last saw the urred at 510 m., from the causes and on the date stated above. , and that death occurred at___ JOHNS HOPKINS HOSPITA 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

before admission)

township)

limits, write RURAL and give

if Under I Year II Under 24 Hours Months; Days Hours: Min.

12. CITIZEN OF WHAT COUNTRY?

> INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

VS 150

deceased alive on_

24B. DATE

REGISTRAR'S

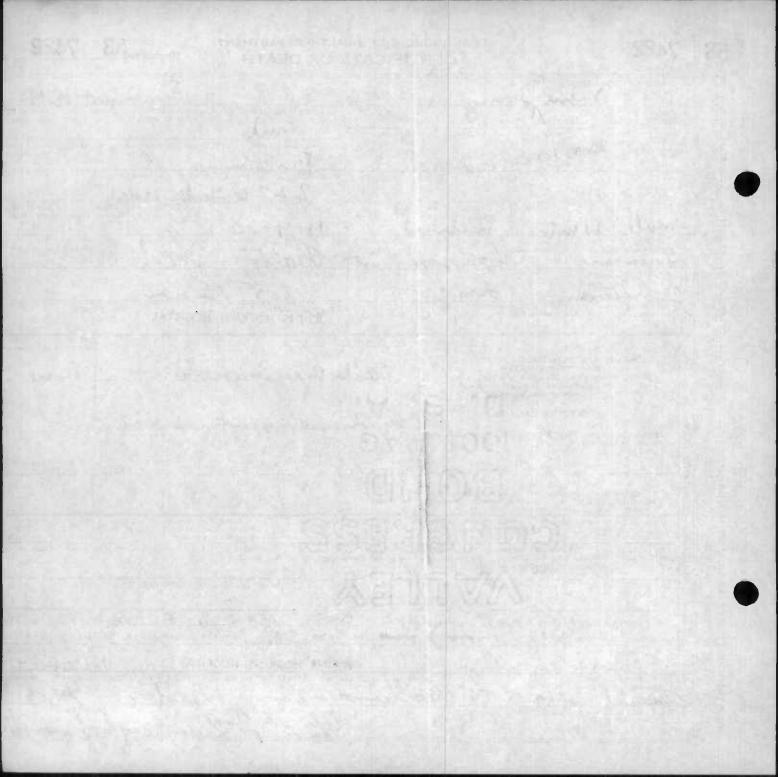
SIGNATURE

23A SIGNATURE

24A. BURIAL, CREMA-TION REMOVAL (Specify)

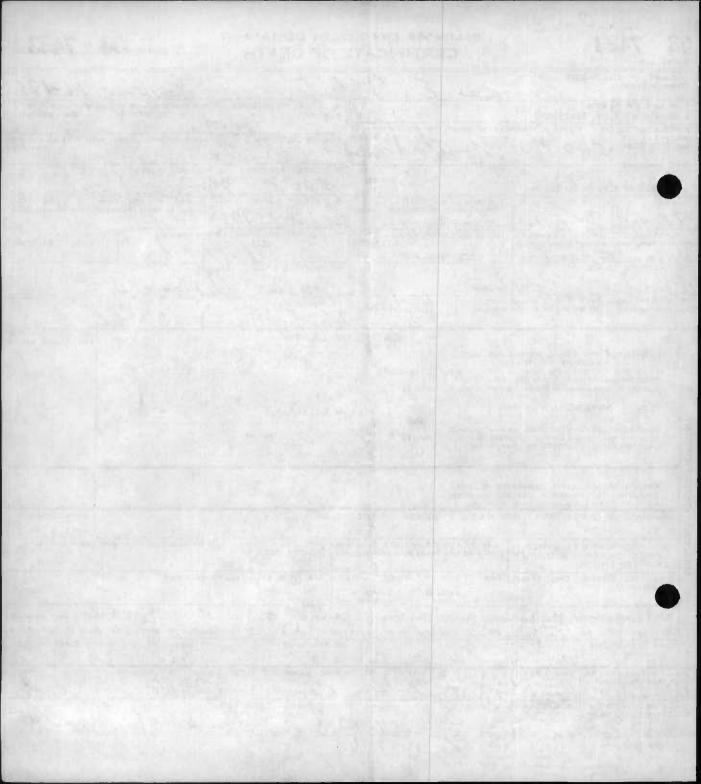
DATE RECEIVED BY

LOCAL REGISTRAR

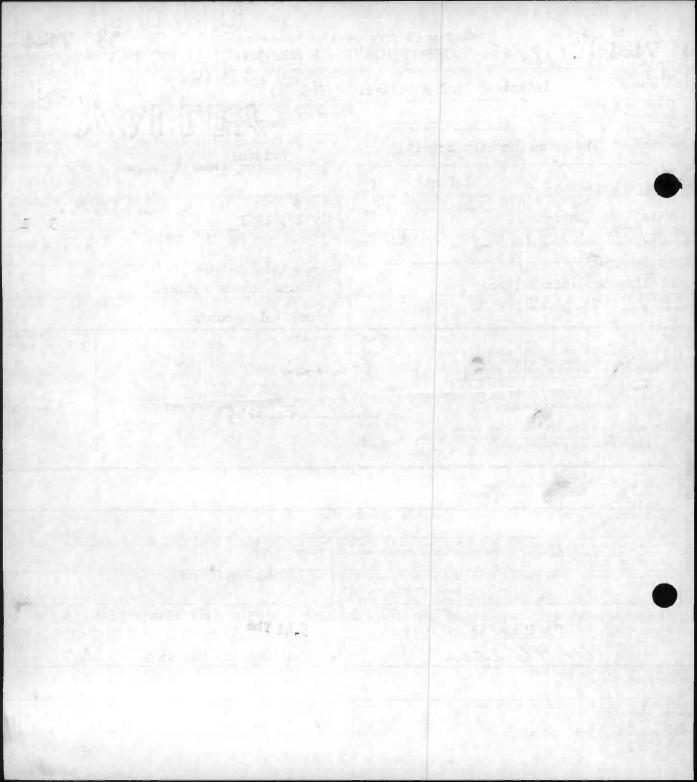


P-	-160
53	7423
BIRTH	NO.

53 7423	CERTIFICATI	E OF DEATH	Registered 33	7423
BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	. E. P	leiler	2. DATE OF DEATH	16-1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V		titution : residence before admission)
B. FULL NAME OF (If not in hospital or institu		Mo	7.	200
HOSPITAL OR INSTITUTION 500 M. Mo	ntford are.	c. CITY OF TOWN	outside corporate limits, w	township)
4	Yrs.	D. STREET ADDRESS (If	rural, give location)	0
gth of stay in Baltimore	Mos. Days	30071.M	onlford	tive.
	E. MARRIED, WED, DIVORCED (Specify)	B. DATE OF BIRTH	9. A (in years Hund last birthday) Month	er Year H Under 24 Hours
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	OF BUSINESS OR	M. BIRTHPLACE (State or f	oreign country) 12	CITIZEN OF WHAT COUNTRY?
lavers Caperato Ja	wer INDUSTRI	Balts.	md.	WHAT COUNTRIE
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	distantial.
Genedict Offerfer		Sophia ()	Toemer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or divice)	16. SOCIAL SECURITY NO.	17. INFORMANT	1/1 2 ABD	RESS
		mm. Teyer	4113 4 pel	i we
18. 158 X		OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MAALS	2036 andras	risa Time	
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	se,	1		
injury or complication which caused death	h.) DUE TO	7,	T+TA	
ANTECEDENT CAUSES	(B)	inoula - Mi	roblane -	
DISEASES OR CONDITIONS, IF ANY, GIVE	NG DC	intone .	***************************************	
UNDERLYING CONDITION LAST.	(C)	***************************************	***************************************	
OTHER SIGNIFICANT CONDITIONS CO				
TRIBUTING TO THE GEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING				
1 19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?
O at ACCIDENT WAS INDED 1 218 PI	ACE OF INJURY (e. g., i	n or 21C. WHERE DID (If in Baltimore City, give	YES NO L
	farm, factory, street, office bldg.,		ir in banmore only, give	. crace rocasiony
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		Y OCCUR?	
m.	WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended the	deceased from O	pul 10, 1957 to	aug 16, 1953,	that I last saw the
deceased alive on Oug 10, 1953.				
23A. SIGNATURE Danigan	h- M.D. 2	3501 Jane	aux !	8-18-53
24A. BURIAL, CREMA- 24B. DATE	4c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, or	county) (State)
Burnel Rug. 21/53	Och Lawn	- 6 sm. (Ballo.	Mol.
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR	10	DDRESS
118 9	5 40.00	John a. Meller	, 2334 Seffe	m KI
Vs 150	20		011	
	290	06M		
	/			



3	W-7424	+20 53-1782			LTH DEPARTMENT OF DEATH	Registere	53 d No	742	34
1. (T	NAME OF D	ECEASED Infar	t of Thelma Walla	ce	(645688)	2. DATE OF DEATH JU	uly 15	, 1953	3
Α.		City, Maryland			4. USUAL RESIDENCE (WA. STATE Maryland		. If institut		ence
H	FULL NAME OSPITAL OR ISTITUTION		al or institution, give street addr lock lopkins Hospital			outside corporate li	mits, write		and give waship)
7 c!	ogth of s	tay in Baltimore	Infant.	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)			
5.	Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (S	inecify) 8	July 15, 1953	9. AGE (In years last birthday)	If Under 1 Y Months D		r 24 Hours 8: Min.
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS C		1. BIRTHPLACE (State or fo	oreign country)		HAT COU	
13	FATHER'S	NAME		1	14. MOTHER'S MAIDEN NA	AME			
	William	Benjamin Wal	lace	- 11	Thelma Tovola	Wallace			
15 (Ye	. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL s of service) SECURITY	NO.	7. INFORMANT Hospital Recor		ADDRES	S	
CERTIFICATION	(This doer heart failt in jury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA' into mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. g., ins the disease, caused death.) DUE TO SES (B) FANY, GIVING STATING THE DUE TO ST. (C)		uaturi z				
CER	TRIBUTING	GIGNIFICANT CONDE TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED						
	19A. DATE	OF OPERATION O	98. MAJOR FINDINGS OF	OPERA	TION			O. AUTOR	PSY7
MEDICAL	LYING OF		21B. PLACE OF INJURY about home, farm, factory, street, office) INJURY OCCUR?	f in Baltimore Cit			ND Dn)
	21D. TIME	(Month) (Day) (Year)	WHILE AT NOT	WHILE WORK	21F. HOW DID INJURY	OCCUR?			
	22. I hereb	y certify that I att	tended the deceased from_	July	15th , 19 53 to J	uly 15th, 19	53 that	l last s	aw the
	deceased a		21958 and that death	231	ed at 5-lil p n., from the ADDRESS he Johns Hopkins			e stated	
Z/ TI	AA. BURIAL.	CREMA- Specify)			OR CREMATORY 24D. LO		wn, or cour	4	(State)
L	ATE RECEIVE DCAL REGIST		S SIGNATURE) 2	5. FUNERAL DIRECTOR		ADDI	RESS	d

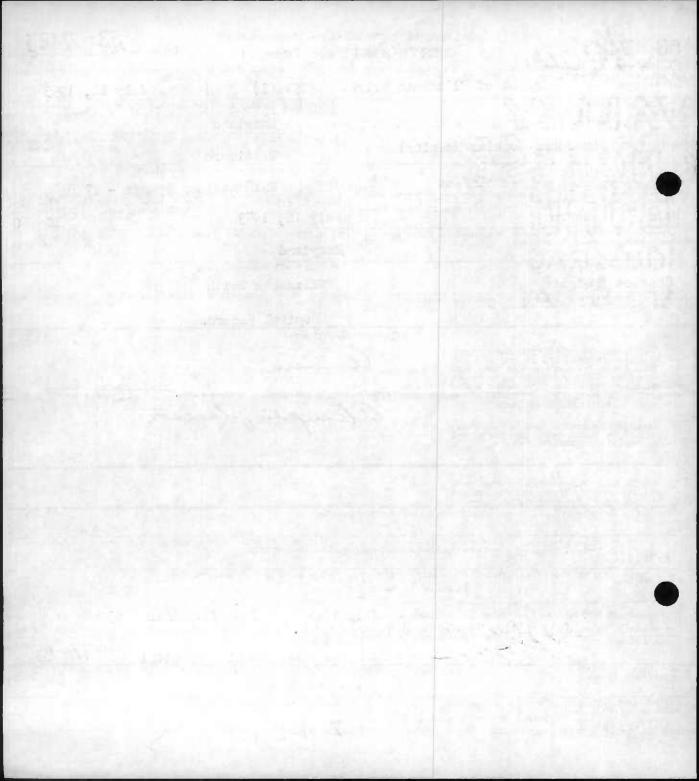


111	-62	5
53 BIRTH	No. 7425	7/21

BALTIMORE CITY HEALTH DEPARTMENT

52 7495

В	53 74 RTH NO. 5	35/7/21	(CERTIFICAT	ΓE (OF DEATH	Registered	No	14.60
	NAME OF D 'ype or Print)	Infar	nt of El	izabeth Wrigh	ht	(291501)	2. DATE OF DEATH July	7 16, 1	L953
	PLACE OF D	City, Maryland			4	. USUAL RESIDENCE (Wh.		f institution	1: residence
В.	FULL NAME	OF (If not in hospit	al or institution		or	Maryland			fore admission
IN	OSPITAL OR ISTITUTION	The Johns Ho	pkins H	ospital location	n) c.	Baltimore	itside corporate lim	its, write R	ULAL and giv township
3			т о	Yrs. Mos.		STREET ADDRESS (If ru		THE STATE OF	
С.		tay in Baltimore	Infa	Days	8	2418 Madi:	son Avenue	- 17	
	Male	Negro		MARRIED. ED. DIVORCED (Specify	(w	aly 16, 1953	9. AGE (In years last birthday)	If Under 1 Year	Hours Min
1 C worl	A. USUAL, OC a done during most	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTR	Y	BIRTHPLACE (State or fore	ign country)	12. CITI WHA	
13	FATHER'S	NAME			14	. MOTHER'S MAIDEN NAM	1E		
		Speight				Elizabeth Smith			
15 (Ye	, mo or uoknowo)	ED EVER IN U, S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17	. INFORMANT	-	ADDRESS	
				SECORITY NO.		Hospital Records	5		
ERTIFICATION	DISEASE RISE TO T UNDERLY	Ire, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	eaused death.) SES FANY, GIVING STATING THE ST. TIONS CON-	(B)	l	uptis pla	eentr		
CE		S TO THE DEATH, BUT ISEASE OR CONDITION							
اد	19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPE	RATI	ON		20.	AUTOPSY?
MEDICAL	21A. ACCID LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., rm, factory, street, office bldg.		21c. WHERE DID (If INJURY OCCUR?	in Baltimore City,	give exact	location)
~	21D. TIME	(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURE	RED	21F. HOW DID INJURY	OCCUR?		
				HILE AT NOT WHILE					
	22. I hereb deceased as 23A. SIGNA	live on July 61	ended the d	leceased from Jul	23B.	6th , 1953, to Ju at 4.35 R., from the ADDRESS e Johns Hopkins	causes and on t	the date s	tated above
24 TIC	AA. BURIAL. (S	CREMA- 248. DATE	2.		ERY	PR CREMATORY 24D. LOC	CATION (City, town	-/-	100
	ATE RECEIVE		SSIGNATUR	Ellikauspa, K	25	FUNERAL DIRECTOR		ADDRES	ss



53 - 17812 BALTIMORE CITY HEALTH DEPARTMENT 53 CERTIFICATE OF DEATH Registered No.							7.	426	3	
1. NAME OF DECEASED (Type or Print) Infant of Barbara Terwilliger (425982) 2. DATE OF July 31, 1953										
B. FLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION The Johns Hopkins Hospital				4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE Maryland B. COUNTY before admission						
graph of stay in Baltimore Infant Mos. Days					D. STREET ADDRESS (If rural, give location) 6116 Sefton Avenue - 14					
Female 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)			LE, MARRIED, WED, DIVORCED (Specify)	July 30, 1953	9. AGE (in years last birthday)			If Under Hours	24 Hours Min.	
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 13. FATHER'S NAME David Terwilliger					11. BIRTHPLACE (State or foreign country) Maryland 14. MOTHER'S MAIDEN NAME Barbara Barrakat					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.					17. INFORMANT ADDRESS Hospital Records					
	(This does no heart failure,	OR CONDITION I EADING TO DEAT bot mean the mode or asthenia, etc. It mean mplication which ex	H dying, ens the diser	E., Allano	OF DEATH	y Vea tils	C	NTERV	AL BET	TWEEN DEATH
ICATION	(C)									••••••
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
AL.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA				ATION			20. A	UTOP	SY?
MEDICA	CALISE OF DEATH				a or 21c. WHERE DID (ttc.) INJURY OCCUR?	If in Baltimore City	y, give e	xact l	ocation	1)
2	21D. TIME (MO	onth) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	HILE					

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

22. I hereby certify that I attended the acceased from July 30th , 153, to July 31st , 1953, that I last saw the deceased alive on July 31st 19 52 and that death occurred all 504m., from the causes and on the date stated above.

23A. SIGNATURE

M.D. | 23B. ADDRESS | 23C. DATE SIGNED | 23C. DATE SIGNED | 24/53

24B. DATE

MAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

ADDRESS

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25. FUNERAL DIRECTOR

Congress Synthe Warth Dating LEO CLAR SERVICE CONTRACTOR

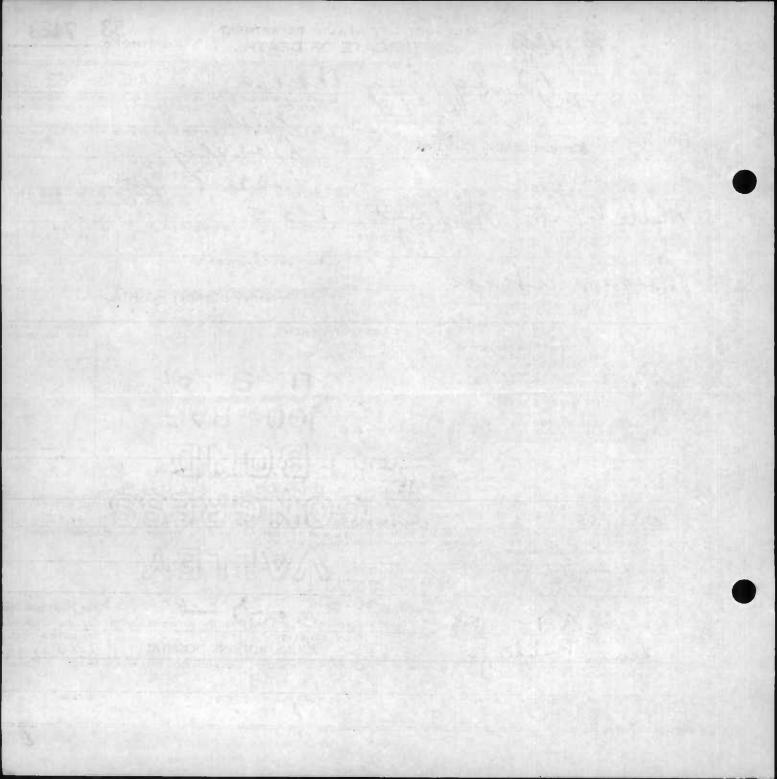
BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF carefully supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: Maryland A. Baltimore City. A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR JOWN INSTITUTION JOHNS HOPKINS HOSPITAL legibly. (If rural, give location) DDRESS Yrs. Mos. c. Length of stay in Baltimore Days 5 SEX COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED OIVORCED (Specify) should information shou OCCUPATION (Give kind of 10B. KIND BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, oven if retired) INDUSTRY 13. ATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 5. WAS DEC ASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMATOHNS HOPKINS HOSPITATORESS (Yes, no or unknown) SECURITY NO causes of CAUSE OF DEATH iteni 56. FOR Every ite DISEASE OR CONDITION DIRECTLY -0 LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (A) ... OIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p CA MARGIN ĪŁ. nomelies 11 RTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 113 DISEASE OR CONDITION CAUSING IT. U 198. CONDITION FOR WHICH PERATION IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION WAS PERFORMED CAUSE OF DEATH, ENTER IN WITH lucker oralo important. PART I OR PART II EDICA 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) AINLY Σ 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY TE PLAIN especially NOT WHILE WHILE AT 773 WORK AT WORK 22. I hereby certify that I attended the deceased from 19 5 and that death occurred at 2; 20m I from the causes and on the date stated above. deceased alive on 8 -RITI is es 23B. ADDRESS 23A. SIGNATURE JOHNS HOPKINS HOSPITAL PLEASE W M M. D 24C. NAME OF CEMETERY OF CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-248. DATE TION, REMOVAL (Specify) 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 0405

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) AGE (In years | If Under | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY7 NO 21c. WHERE DID (If in Baltimore City, give exact location) 195 that I last saw the 23c. DATE SIGNED 10 aug (State) ADDRESS

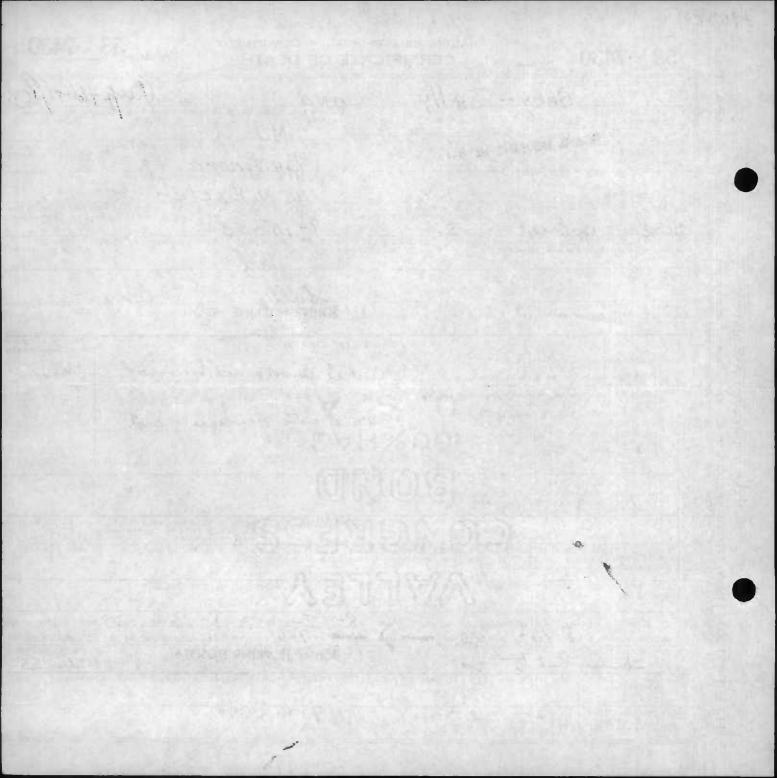


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

un resultate d'esposal								
BALTIMORE CITY HEALTH DEPARTMENT 53 7429								
BII	RTH NO 53-19408 CERTIFICAT	E OF DEAT	TH Registered	No.				
(T ₃	NAME OF DECEASED Baly marianna	Farner	2. DATE OF DEATH	no. 13,53				
	Baltimore City, Maryland	4. USUAL RESI	DENCE (Where deceased lived. B. COUNTY	If institution: residence before admission)				
HC	TULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)		(I) (If outside corporate in	nits, write LURAL and give				
IN	JOHNS HOPKINS HOSPITAL	Bal	timore - 12	township)				
3.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADD	RESS (If rural give location)	10. 5				
	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIR		if Under 1 Year if Under 24 Hours Months Days Hours Min.				
10	USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	8 - 9 - 8	(State or foreign country)	12. CITIZEN OF				
	done during most of working life, even if retired) INDUSTRY		(State of foreign country)	WHAT COUNTRY?				
13	FATHER'S NAME	14 MOTHER'S M	MAIDEN NAME					
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		anna:					
(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	JOHNS HO	PKINS HOSPITAL	ADDRESS				
RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	matur						
CERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
DICAL	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED		IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	IN YES NO				
MEDIC								
	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHI AT WORK AT WOR	LE	V DID INJURY OCCUR?					
	22. I hereby certify that I attended the deceased from \$ -9 10, 1953 to \$ -13 , 1953 that I last saw the							
	deccased alive on 2-15, 1953, and that death occur		n., from the causes and on	the date stated above				
	M. D. T	JOHNS HOPK		8 13/3				
710	A. BURIAL, CREMA- N, REMOVAL (Specify)	RY OR CREMATOR	Y 24D, LOCATION (City, tow	vn, or coulity) (State)				
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL D	RECTOR	ADDRESS				
-	VS 150							
1								

To de out l'and Bab. Humaning Warrey 4 112 Park Shall Place Later Believe 1-6-83

29034	5	1-520 Hospital D.	isposal					
The	В	53 7430 20062 CERTIFICATE	OF DEATH	Registered No	7430			
	(T	NAME OF DECEASED Type or Print) BABY SAIIY LO	ONG	2. DATE OF OF DEATH OUG-	16-1953			
carefully supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME Of A. (If not in hospital or institution, give street address or HOSPITAL OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write address or location)							
arefully.	MSTITUTION 49 14							
d be	1	. Length of stay in Baltimore Days	0	J. AGE (In years li Under last birthday) Months	l Year If Under 24 Hours Days Hours Min.			
NDING information should s of death clearly an		DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rk done during most of werking life, even if retired) INDUSTRY	11. BIRTHPLACE (State or fore		CITIZEN OF WHAT COUNTRY?			
NG primatio death			14. MOTHER'S MAIDEN NAM	Long				
R BINDING em of inform causes of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknumn) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.							
FOR y item		CAUSE O DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	el aroxia and l		NTERVAL BETWEEN ONSET AND DEATH			
RESER INK.	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	o intra E prolage	geord.				
MARGIN UNFADING Physicians:	CERTIFI	OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.						
H	AL	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OPE WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (c.	CAUSE OF PART I OR	OEATH, ENTER IN	YES NO D			
INLY, WITH	MEDIC	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 210 TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED	dg.,etc.) INJURY OCCUR?		exact location)			
HA		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK			at I last saw the			
		deceased alive on 8-16-, 195-3 and that death occurr	ed at 1/26 Pm., from the	eauses and on the de	at I tast saw the ate stated above. Ic. DATE SIGNED			
E WRITE age is es	2.	Janes Pulita M. D. 4A. BURIAL, CREMA- 24B. DATE 24G NAME OF CEMETER ON, REMOVAL (Specify)	Y OR PREMATORY 240, LOC	ATION (City, town, or ed	7aug 53			
PLEASE W	- D	To y were	25. FUNERAL DIRECTOR	A.D.	DRESS			

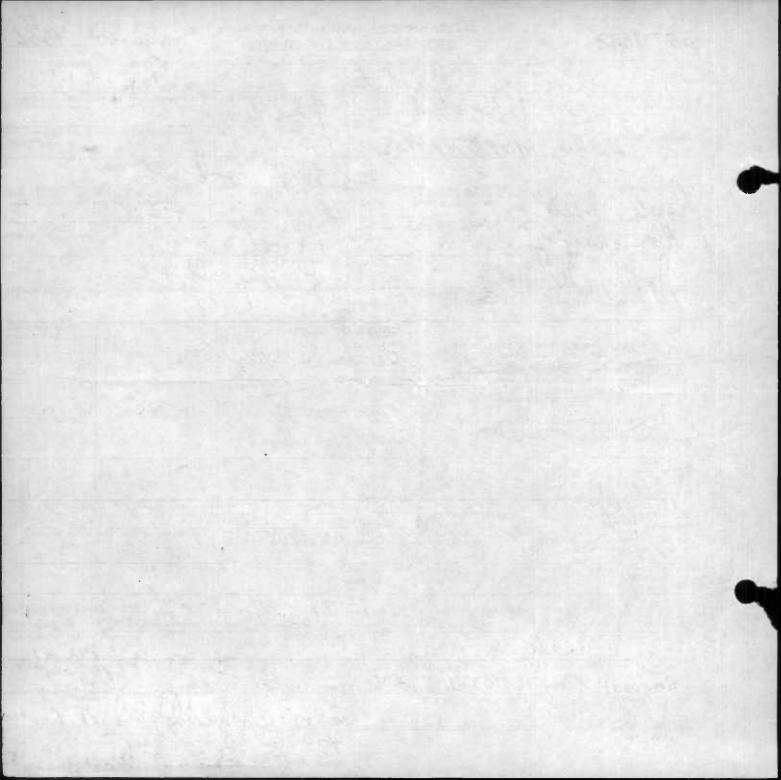


12-55	6							
53 7431 63-1950 BALTIMORE CITY HEALTH DEPARTMENT Registered 13 7431								
1. NAME OF DECEASED (Type or Print) Baby boy Painter (Type or Print) Baby boy Ba								
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE						nstitution : residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			ion, give street address or location)		f outside corporate limit	write AULA and ive township)		
South 191	altimore	COCK	Yrs	D. STREET ADDRESS (If rural, give location)				
	in Baltimore		1 day Days	4710 CURTIS AVE.				
5. SEX 6.	COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Yest If Under 24 Hours https://doi.org/10.1001		
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) INDUSTRY						12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAM	1E	1		14. MOTHER'S MAIDEN	NAME A			
Charl	es Vai	uter		Evelyn (5. Foste	N		
Yes, no or unknown)	EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DDRESS		
(This does no heart failure, injury or eor	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED							
19A. DATE OF			FINDINGS OF OPER	RATION		20. AUTOPSY7		
LYING OR C	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, garm, factory, street, office bldg., etc.) INJURY OCCUR?							
Σ	nth) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?			
22. I hereby c	2. I hereby certify that I attended the deceased from 8/18, 1953 to 8/19, 1953, that I last saw the eccased alive on 8/19, 1953, and that death occurred at 7 P.m., from the causes and on the date stated above.							
23A. SIGNATUR	QI.	it Balt, me	8/19/53					
TION REMOVAL (Spec	MA- 24B, DATE Rfy) 8-18	7-53	HISTORY OF CEMENTE	gal. Va	LOCATION (City town,	or county) / (State)		
DATE RECEIVED E LOCAL REGISTRA		SSIGNATU	RE BULL K	SEMULA DIRECTOR	L' Flande	1316		
VS 150						West		

P1-2-7284 2-8160

4710 Curles Com

4. USUAL RESIDENCE (Where deceased lived, If Institution, residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give logation) AGE (In years | If Under | Year | If Under 24 Heats last birthday) | Months | Days | Hours | Min. AGE (In years MRLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY1 CAUSE OF DEATH, ENTER IN NO 21c. WHERE DID (If In Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 19 that I last saw the m., from the eauses and on the date stated above. 23c. DATE SIGNED ACATION (City, town, or VS 150



Halftal Bisposal BALTIMORE 53 7433 CERT	CITY HEALTH DEPARTM							
1. NAME OF DECEASED (Type or Print)	aldon	2. DATE OF OUR 8,1952 DEATH OR 15 Assistitution: residence						
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give str HOSPITAL OR	A. STATE	B. COUNTY before admission) (If outside corporate limits, write RUBAL and give						
JOHNS HOPKINS HOSPITAL	Yrs. D. STREET ADDRES	etimore 14-0 totaship)						
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE	Mos. 1523	19, AGENTA years If Under 1 Year If Under 24 Hours						
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIE WIDOWED, DVOF 10A. USUAL OCCUPATION (Givekind of work done during most of working life, oven if retired) 10B. KIND OF BUSI	NESS OR 11. BIRTHPLACE (Sta	last birthday) Months Days Hours Min. te or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	14. MOTHER'S MAIL							
		ADDRESS HOPKINS HOSPITAL						
18. 754.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Truncus A	nteniosis						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.								
WAS PERFORMED	CA PA	OPERATION WAS RELATED TO 20. AUTOPSY? USE OF DEATH, ENTER IN YES NO NO						
21a. ACCIDENT WAS UNDERLYING 21b. PLACE COR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJUI	OF INJURY (e. g., In or 21C. WHERE ctory, street, office bldg., etc.) INJURY OCC	DID (If in Baltimore City, give exact location)						
OF INJURY WHILE AT	RY OCCURRED 21F. HOW D	ID INJURY OCCUR?						
22. I hereby certify that I attended the deceased deceased alive on , 195 and that	from 7 30 1953 death occurred at 11.00 pr.,	to 8 8, 1953, that I last saw the from the causes and on the date stated above.						
23A. SIGNATUR MOLOGUED BOIL	JOHNS HOPK	INS HOSPITAL 23c. DATE SIGNED 8/9/53						
TION, REMOVAL (Specify)	& Deeparel							
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRE	CTOR ADDRESS						

ESTS ACADONE PROPERTY Long on the House Dage D (1) 10 9

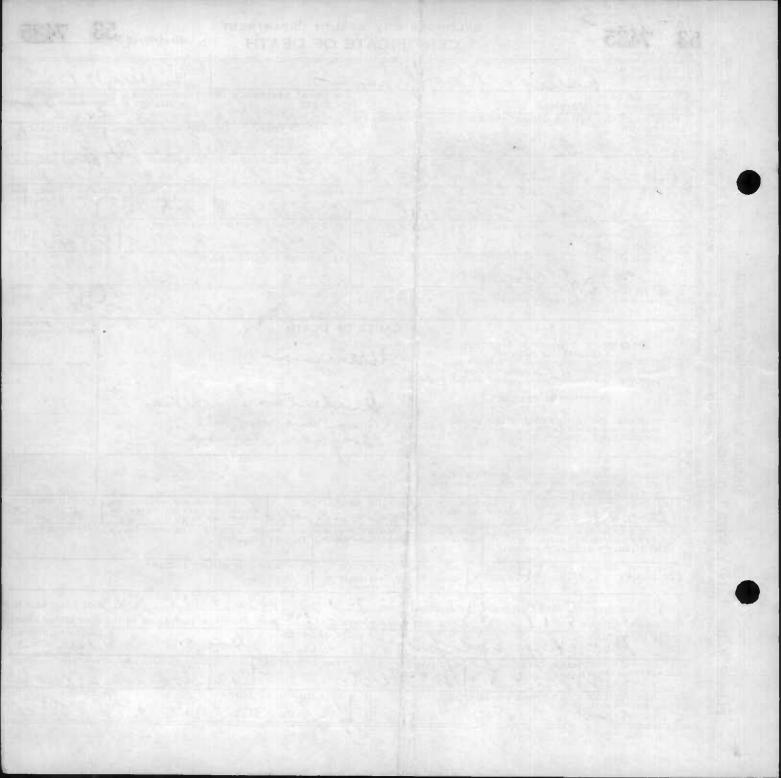
J-522

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7434

	C.M.	A		CEDTIFICAT	E OF DEATH	Registered	No	1800 1		
ВІ	RTH NO.			CERTIFICAT	E OF DEATH	2005.000.00				
1. (T	NAME OF D					2. DATE OF				
			ankiewi	.CZ		DEATH AUG.				
A.		City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, I		n : residence fore admission		
H	SPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		If outside corporate lim	its, write k	URAL and giv township		
		2423 Foster	Avenue		Baltimore					
c.	egth of s	tay in Baltimore	55	Yrs. Mos. Vears Days	d. STREET ADDRESS (
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year			
Zo.	nale	White	Widow	VED, DIVORCED (Specify)	1870	last birthday) M	lonths Day	s Hours Min.		
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	1 12. CITI	ZEN OF		
worl	done during most o	of working life, even if retired)		INDUSTRY		,		AT COUNTRY		
13	HOUSEW				Poland					
	FAIRERS	AAME			14. MOTHER'S MAIDEN	NAME				
			Pacer	18.	un	know				
	, was DECEASI	D EVER IN U. S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
Ì				Jesomi inc.	Andrew Jankiewi	cz - 2423 Fos	ter Av	enue		
	18. 1601	1.1		CAUSE	OF DEATH		INTER	RVAL BETWEEN		
	DISEAS	SE OR CONDITION	DIRECTLY	- 1		ONSE	T AND DEATH			
LEADING TO DEATH										
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									
	injury or complication which caused death.) DUE TO									
Z		ANTECEDENT CAUS		(B)	rimocora	lixis	a	19150		
0	DISEASES RISE TO T	81								
AT	UNDERLY	ING CONDITION LA	ST.	· su	Usul 36 ONT	ma Actor	vis 1	11, 140		
DI.		A SECTION AND ASSESSMENT		(C)	0		1	A. T.		
H		П					a			
CERTIFICATION	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D						
Ī.				FINDINGS OF OPER	RATION		1 20.	AUTOPSY?		
AL							YES	No		
C		ENT WAS UNDER-	218. PL/	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City,				
MEDICAL	LYING OF	R CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg.,	otc.) INJURY OCCUR?					
	21b. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?				
	THUS ON !									
	22. I hereby certify that I attended the deceased from leg 1, 19 5, to day 18, 19 5, that I last saw th									
	deceased al				rred at 5:00p.m., from	,	the date	etated above		
	23A. SIGNAT		, 10		38. ADDRESS	the educed white of		ATE SIGNED		
	W.	llean /	4,00 ac	uR M.D.	801 p / ce	wood 14	a	7195		
710	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B ATE		24C NAME OF CEMETE	1	LOCATION (City, tow)	n or county	(State)		
	Buria	el aug 22	1953	St House		00 Tundalh	are	Ducio Me		
	ATE RECEIVE		SIGNATU	JRE	25 FUNERAL DIRECTOR	0 111	ADDRES	ss		

The	155 53 7435 BIRTH NO.		EALTH DEPARTMENT E OF DEATH	Registered No.	3 7435
	1. NAME OF DECEASED (Type or Print)	Kaufman		2. DATE OF DEATH Que	19/953
supplied.		stitution, give street address or		B. COUNTY	before admission)
ılly	HOSPITAL OR INSTITUTION JUNGE HOSE	rital location)	Lona Valana	foutside corporate limits, w	township)
-	L. Length of stay in Baltimore	weeke Yrs. Mos. Days	105 There	4000	Kong Island
should be	male White ->	NGLE, MARRIED. DOWED, DIVORCED (Specify)	8. DATE OF BIRTH MALLO 18, 1900 11. BIRTHPLACE (State or 1	last binthday) Month	
0	10a. USUAL OCCUPATION (Givekiad of work done during most of working life, even if retired) 13. FATHER'S NAME	KIND OF BUSINESS OR INDUSTRY		A. 4.	CITIZEN OF WHAT COUNTRY?
information of death cl	15. WAS DECEASED EVER IN U. SARMED FORCE		Fannie	Chesler	
of info	(Yes, no or unknown) (If yes, give war or dates of serv	ES? 16. SOCIAL SECURITY NO.	My Jussie	Kaufman -	fame
Every item of i	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	rtly g, e.g., (A)	of DEATH		INTERVAL BETWEEN ONSET AND DEATH
K.	ANTECEDENT CAUSES	(B) De	yesterie heart to	elikus	
T d	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	GIVING NG THE DUE TO	ights flere	ail orl	
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.		0		
hed	18A. DATE OF OPERATION 19B. C	ONDITION FOR WHICH OF	At. Fishe PARTI	ATION WAS RELATED TO OF DEATH, ENTER IN OR PART II	20. AUTOPSY?
, W	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY about home, farm, factory, street, office	(e. g., in or bldg.,etc.) 21c. WMERE DID INJURY OCCUR?	(If in Baltimore City, giv	ve exact location)
ZA	21b. Time (Month) (Day) (Year) (Hour OF INJURY	2 IE. INJURY OCCURR WHILE AT NOT WHI MORK AT WOR	ILE	JURY OCCUR?	
PL	22. I hereby certify that I attended deceased alive on 8 - 1 1, 19,	and that death oceu	rred, at 150 m., from	the causes and on the	
E WRITE	23A. SIGNATURE	olafer M.D.	23 ADDRESS Ho	sp. (county) (State)
PLEASE correct ag	24A. BURIAL, CREMA- TION, REMOVAL (Specify)	3 mt. aiat	180	y Slove Long	2 new Joh
PLE	DATE RECEIVED BY REGISTRAR'S SIG	18/11/0	100 Jennsen	Bres, 1124	W. north
	VS 150	1.6	0/0		



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location INSTITUTION (If outside corporate limits, write RURAL and give Yrs. D. STREET ADDRESS Bength of stay in Baltimore 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED AGE (in years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify morred 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BLEPHPLACE (State or foreign country) 12. CITIZEN OF memost of worldog life, even if retired) INDUSTRY WHAT COUNTRY? -0-2 13. FATHER'S NAME MALEEN NAME 14. MOTHER'S Mocon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uokoown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or uokoown) SECURITY NO Han INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 3 das LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL YES (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK

ERTI

22. I hereby certify that I attended the deceased from.

deceased alive on_ 23A, SIGNATURE

CRULLE M

19 \ and that death occurred at 238. ADDRESS

19/2. that I last saw the Im., from the causes and on the date stated above. 23c. DATE SIGNED

BURIAL, CREMA-24B. DATE wirel

REGISTRAR'S SIGNATURE

NAME OF CEMET ERY OR CREMATORY

25. FUNERAL DIRECTOR

LOCAL REGISTRAR VS 150

DATE RECEIVED BY

ADDRESS

115 No Colvert 3513 por Other Out of

	-
	The
	supplied.
	carefully legibly.
	should be
BINDING	ITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied especially important. Physicians: please write the causes of death clearly and legibly.
FOR	item he cau
RVED	Every write t
RESE	INK.
MARGIN RESERVED FOR BINDING	UNFADING Physicians:
	WITH rtant.
•	E PLAINLY, specially impo
	T

53	1/90/	EALTH DEPARTMENT E OF DEATH	Registered No. 7437					
1 (NAME OF DECEASED Louis J.M Yers		2. DATE OF DEATH 8. 19. 1953.					
B	PLACE OF DEATH: Baltimore City, Maryland Baltimore City FULL NAME OF (If not in hospital or institution, give street address of location) STITUTION Sinai Hospital	MARYLAND	Where deceased lived. If institution; residence B. COUNTY before admission) f outside corporate limits, write it (RA) and give township)					
04	Length of stay in Baltimore 47 Yrs.	1	rural, give location) INGEN AVE					
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years fi Under I Year ft Under 24 Hours Months Days Hours Min.					
WOI	OA. USUAL OCCUPATION (Givekied of red done during most of working life, even if retired) NOUR 9 NCE	11. BIRTHPLACE (State or 1	oreign country) 12. CITIZEN OF WHAT COUNTRY!					
1	A C P A	14. MOTHER'S MAIDEN N	AME					
-	16 BA 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	S9R9h						
(Y	es, no or puknown) (If yes, give war or dates of service) SECURITY NO.	MAX MYERS -	2419 CALLOW AVE					
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Acute Cardiac insufficiency (B) A. S. C. V. D. (B) A. S. C. V. D. (C) Pulmphary embolism							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		LI.					
L CE	19a. DATE OF OPERATION O 19B. CONDITION FOR WHICH O WAS PERFORMED	PERATION IF OPERA	ATION WAS RELATED TO 20. AUTOPSY?					
EDICA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 10 10 10 10 10 10 10 1							
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHI AT WORK AT WORK	LET	JURY OCCUR?					
•	22. I hereby certify that I attended the deceased from 7. 22. 1953, to 8. 19. , 1953 that I last saw the deceased alive on 8. 19. , 1953, and that death occurred at 1 Pm., from the causes and on the date stated above.							
	Morris M. Galdbers M.D.	Simai Hespe	0.10.00					
T	Buren Fug. 20, 1963 Houls	lern llvs	Balty My (State)					
L	OATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	e-2100 Entero-PL					
	VS 150							

Houte cordina image cong 14. 5. C. Y. D. Pulmonary sunbolism Cartinoma of bladder 7. 22. P. B. 19 St. 17 8 15 55 Morris M. Gelderic S. An i Haspitens Dolta # 5. 12 53

BURIAL, CREMA-REMOVAL (Sprify)

DATE RECEIVED BY

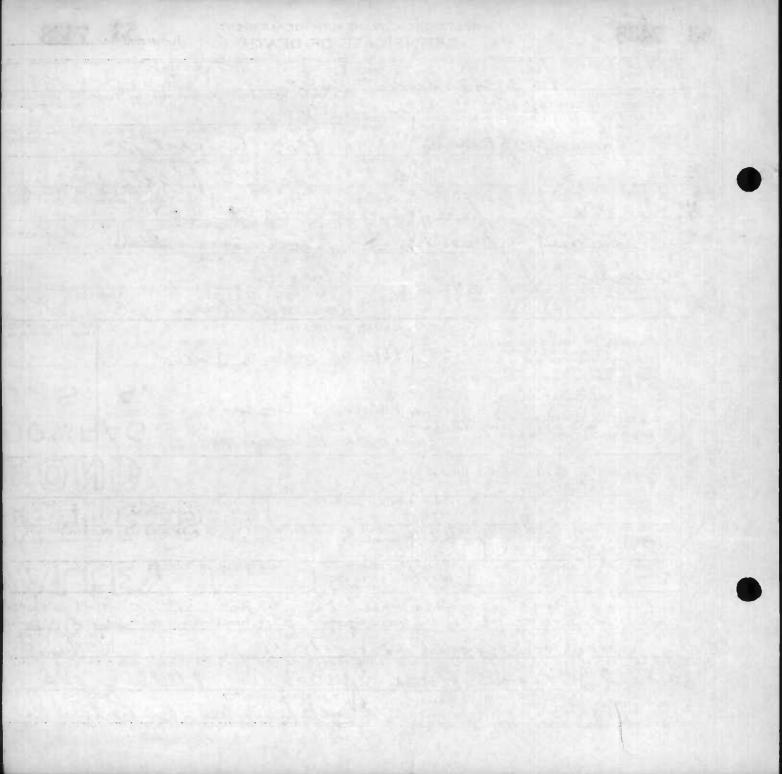
REGISTRAR'S SIGNATURE

		F260		and the a spin of the finance
5	B	7438	BALTIMORE CITY HEALTH DEPARTMENT	3. 7438
The	В	BIRTH NO.	CERTIFICATE OF DEATH Registered	No. JOO
	1 (5	. NAME OF DECEASED Type or Print)	2. DATE OF	
lied	3	PLACE OF DEATH:	1 4. USUAL RESIDENCE (Where deceased lived.)	9 19,1953
supplied		Baltimore City, Marylay	ital or institution, give street address or	before admission
		IOSPITAL OF		ita write bULAL and giv
full ly.		10 monto	pours 19 alternose 1	township
carefully egibly.	13	Togeth of story in Politican	Yrs. Mos. Mos.	- 1. 11
be lo	5	Length of stay in Baltimore SEX 6.COLOR OR RACE	Days 7. SINGLE, MARRID. 8. DATE OF BIRTH 9. AGE (In years)	If Under 1 Year If Under 24 Hear
uld y an	W	Tale White		Months Days Hours Min
should	1 (OA. ISUAL OCCUPATION (Give kind or the doze during most of working life, even if retired	of 107 KIND OF BUSINESS OR 11. BIS HPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
ion cle	X	Jacesman	Jew. Nease Mallimore Ma	WHAT COUNTRY
mation leath cle		FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
nform of dea	7	5. WAS DECPASED EVER IN U. S. ARME	ED FORCES? 16. SOCIAL 17/INFORMANT 2	
of in	XX	os, no or unknown) (If yes, give war or dat	SECURITY NO. 17 NFORMANT 7 SECURITY NO. 17 NFORM	ADDRESS COR
em o		18. 581.1	CAUSE OF DEATH	INTERVAL SETWEE
47 77		DISEASE OR CONDITION LEADING TO DEA	ATH 401	S SEVI
Every i		(This does not mean the mode heart failure, asthenia, etc. It me	of dying, e. g., (A)	***************************************
Ev		injury or complication which		
. : 0	z	ANTECEDENT CAU	SES daenne S Cen lis	
INK	TIO	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A)	STATING THE DUE TO A	*************************************
ING	CA	UNDERLYING CONDITION L	AST. (c) Chone Clesholis Ms.	······································
UNFADING Physicians:	TIFI	11		
NF	ER	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING	RELATED TO THE	
hel	O	19A. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED	
ILY, WITH important.	CAI	21A. ACCIDENT WAS UNDERLY	PART I OR PART II	YES NO
, W	EDI	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE	F about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	, give exact location)
ILY	Σ	21D. TIME (Month) (Day) (Year)) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
AIN		OF INJURY	n). WHILE AT NOT WHILE AT WORK	
PLAI1 ecially		22. I hereby certify that I at	tended the deceased from 8 - 18 - , 19530 8 - 19- , 195	53that I last sam th
TE		deceased alive on 8-19-	, 1953 and that death occurred at 35 m, from the causes and on	
E . S		23A. SIONATHRE	236/ADDRESS	23c. DATE SIGNED
E W	2	BURIAL, CREMA- 248. DATE	24CNAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town	n, or county) (State)

DIRECTOR

ADDRESS

AUG 20 VS 150

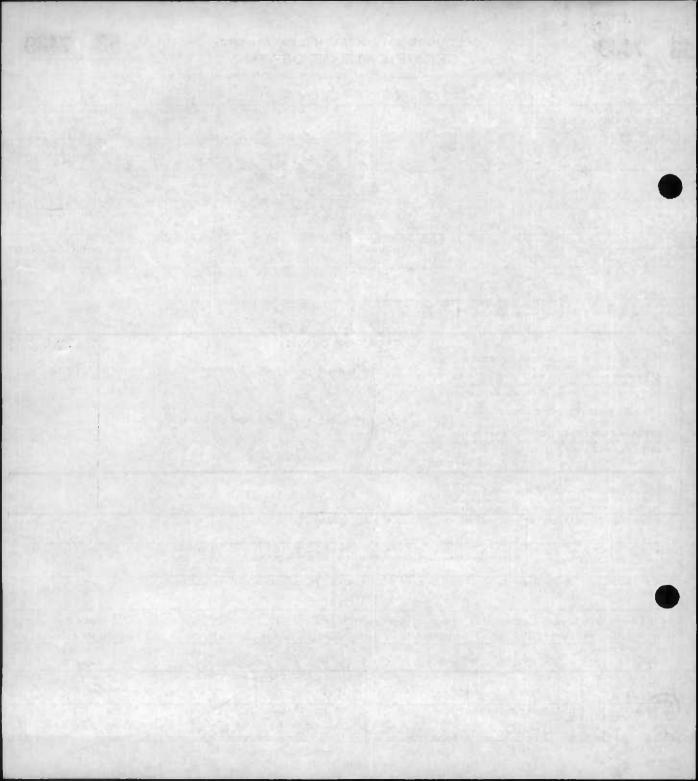


BALTIMORE CITY HEALTH DEPARTMENT

53 7/20

) t	RTH NO	7409			CERTIFICA	TE OF DEATH		Registered No	0	7900
1.		OF DECEA		-H B	Rd W.	Holmes		PATE 8-	18	-1953
		of DEATH				4. USUAL RESIDEN	NCE (Where de			n : residence fore admission)
В. 1		NAME OF		al or institu	tion, give street address		/Y6 4-12	10	1500	116
IN	STITUT	ION	KLIN SO	VARE	losn, TA	C. CITY OR TOWN	nove	e corporate limits,	Write	township)
d		1 / (/////	Carre	***	Yı	D. STREET ADDRES	S (lf rural, g	give location)		<u></u>
c.			n Baltimore			1ys 2/0 3. /		N DU		
1	MAL	e 10	hite	WIDO	E. MARRIED, WED, DIVORCED (Spe OWAC	oify) MAR/8	86 9. Ac	st birthday) Mon	Indea I Year the Day	s Hours Min.
ork	dooeduri	ng prost of work!	TION (Give kind of ing life, eyeo if retired)		D OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Sta	, 1	country)		ZEN OF AT COUNTRY?
13.	. FATHI	ER'S NAME	10,	Imes		14. MOTHER'S MAIL	DEN NAME			
15 Yes	, was D	ECEASED EVI	ER IN U. S. ARMEI yes, give war or date	FORCES?	16. SOCIAL SECURITY NO 215-10-037	17. INFORMANT 1 JAMES FALTE	er. 62	6 S. Page	DRESS	ST
NOTION	(The heat injusting injust	is does not a rt failure, ast arry or comp ANTE	R CONDITION DING TO DEA' mean the mode of thenia, etc. It mea lication which of ECEDENT CAUS CONDITIONS, I BOYE CAUSE (A) CONDITION LA	TH If dying, e. Ins the disea caused deat EES FANY, GIVI STATING T	g., (A) Constant (A) but to (B) RG	orary Throng Josephy hom	focis ul agr	ng	3	ylo.
יוועשי	TRI	BUTING TO	II FICANT CONDITHE DEATH, BUT E OR CONDITION	NOT RELAT	FD					
71	19a. D	ATE OF OP	ERATION 0 1	9B. MAJO	R FINDINGS OF O	PERATION				AUTOPSY?
יום יו	LYING		WAS UNDER- NTRIBUTING		ACE OF INJURY (e., farm, factory, street, office b		O (If in B	Saltimore City, gi	ve exact	t location)
-		IME (Mont	h) (Day) (Year)		21E. INJURY OCCU	HILE	INJURY OCC	UR?		n Etch
22. I hereby certify that I attended the deceased from Ang. 1950, 19, to any 1, 1913 that I deceased alive on ang 17, 1953, and that death occurred at 11:30Pm., from the causes and on the date si								last saw the		
		SIGNATURE		reit	M. D.	238. ADDRESS	lowa	T.		ATE SIGNED
rio	N. REMO	RIAL, CREMA OVAL (Specify ノA 人	8 2/	-53	Loudon	PARK CEM	~	ON (City, town, o	Den	BALTO
DA	TE RE	CEIVED BY	REGISTRAR	S SIGNAT		25. FUNERAL DIRECT			ADDRE	

JF374



before admission)

12. CITIZEN OF

WHAT COUNTRY

ONSET AND DEATH

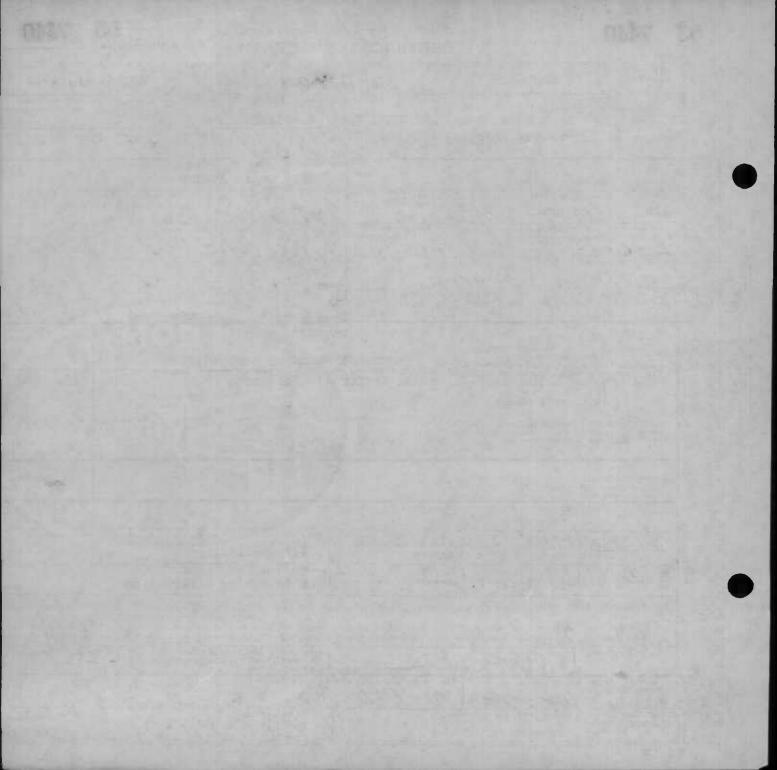
20. AUTOPSY

thereon and from

(State)

PLEASE

LOCAL REGISTRAR



V S 151

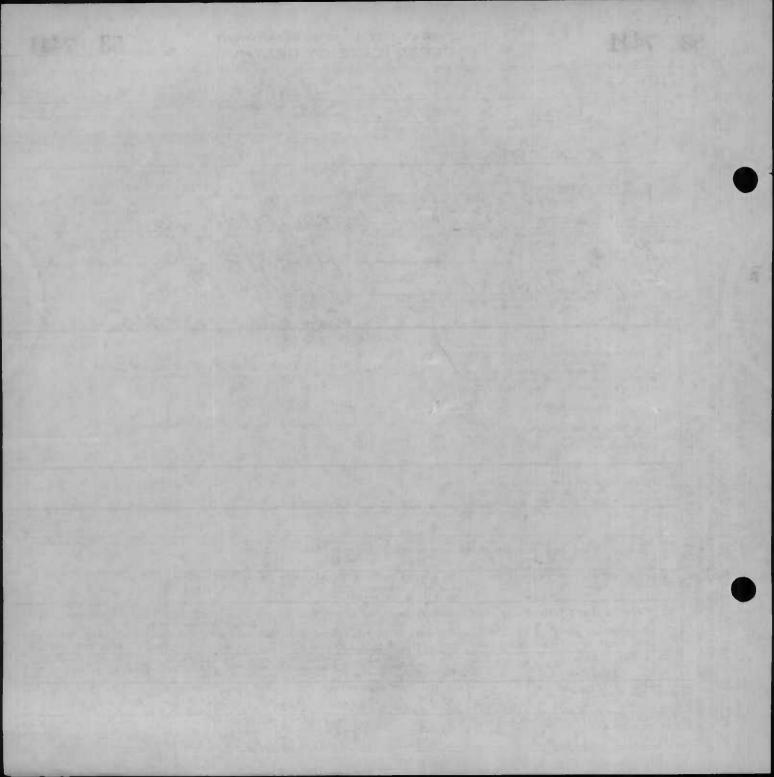
The

"B	-52	0
3	7441	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53_	7441
see Processed Tion	

	BIRTH NO.	E OF DEATH Registered No.					
	1. NAME OF DECEASED (Type or Print)	D La 2. DATE					
-	MARIAN CHANEY	Danis Death August 19, 1953					
	A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
	B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location)	Maryland					
	INSTITUTION	c. CITY OR TOWN (If outside corporate lights, write RULA) and give township)					
-	Baltimore City Morgue	Baltimore					
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
-	c. Length of stay in Baltimore Days	223 N. Stricker Street					
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WINDOWED, DIVORCED (Specify)	760. 20.19.37 9. AGE (In years H under Year Hours Months Days Hours Min.					
	TOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
11"	ork done during most of working life, even if retired) INDUSTRY	Atlanta Fa. WHAT COUNTRY?					
-	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME					
	Ernest Chaner	Alethia Banks					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no rynknown) (If yes, give war or dates of service) SECURITY NO.	7 NFORMANT ADDRESS					
`	Yes, nor unknown) (If yes, give war or dates of service) SECURITY NO.	Mary Willow 39891 Tinto let					
	18. 002X , CAUSE	OF CEATH INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
-		nary tuberculosis, far advanced					
	heart failure, asthenia, etc. It means the disease,						
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
1	UNDERLYING CONDITION LAST.						
	(C)						
	OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED						
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
		ATION 20. AUTOPSY?					
.		YES NO NO					
0.01	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, form, factory, street, office bldg., e	or 21c. WHERE DID (If in Baltimore City, give exact location)					
		21F. HOW DID INJURY OCCUR?					
	m. work L AT WORK	Transation & Transaction					
	22. I certify that I took charge of the remains described a	bove, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry					
	the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	nquiry, find that said deceased died on the day stated above, $\square \square$, accident \square , suicide \square , homicide \square , undetermined \square .					
23a. SIGNATURE / 23c. DATE SIGN							
1		D. MEDICAL INVESTIGATOR					
1	24A. BURAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240, LOCATION (City, town or county) (State)					
1	Juliel 6 -11453 111. WWW.	in Um Ballo. The					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	26 FUNERAL DIRECTOR ADDRESS 3220V					
	LOCAL REGISTRAR Jan June 1970	Mr. Met 18 1/10/2 1					



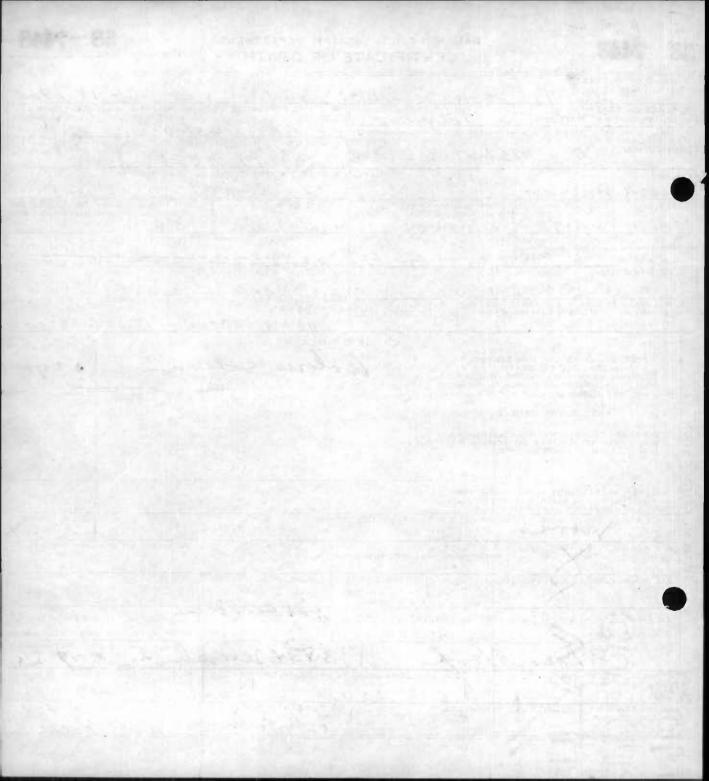
P-320	
TO WAAA	E OF DEATH Registered No. 7442
1. NAME OF DECEASED (Type or Print) Wanda	pates 2. DATE OF DEATH Ava. 19 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o location	ma.
Institution Provident Nocetal	Balta. (It duside estatat mais, write KORAL and give township)
Yrs. Mos.	O. STREET ADDRESS (If rural, give location)
Ingth of stay in Baltimore Jays 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	3340. Fulaske st.
Jemale Regro WIDOWED, DIVORCED (Specify	aug 5, 1953 15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
walter sherman Coates	Minnie Hawkins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS V
18. 7/ ,1 L CAUSE	OF DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	maturity with onders asute bistro tritis
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION - 1 198 MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
Z 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY WHILE AT WORK AT WORK	
deceased alive on 19, 1953, and that death occur	8/5, 1953, to 8-19, 1953, that I last saw the rred a 3:554.m., from the causes and on the date stated above.
Lounzo Laper mo M.O.	Spoudent Hogital
TION, REMOVAL (Specify) 8 21 53 24C. NAME OF CEMET	ERY OR CREMATORY Add. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR - 9 ADDRESS
VS 150	Alicel Hill are.

m Halota

R-152

52 7/1/2

3	3 7443		DAL	CERTIF	ICATE	OF DEA	TH	Registered	No	7'3'30
1.	NAME OF DECEASE	ED						2. DATE		
		EPH	HEN	IRY	ROB		V	DEATH / 10		. 1953
3. A.	Baltimore City, M	aryland 73	6 m	ELVIL	LE-	A. STATE		here deceased lived. I B. COUNTY		on : residence efore admission)
B.	FULL NAME OF (If not in hospits	al or institut	ion, give street	location)	C. CITY OR TON		outside corporate lim	1	
IN	ISTITUTION	736 m	ELVI	ILLE		BAC	TIM	ORE	120	township)
1			411	26-	Yrs.	D. STREET ADE	ORESS (If r	ural, give location)		
	ength of stay in				Mos. Days	726.	S. Pl	TOMA	C	ST
5.	SEX 6. COL	OR OR RACE	7. SINGLE	E. MARRIED. (ED. DIVORCI	ED (Specify)	8. DATE OF BIR	RTH	9. AGE (In years last birthday) M	H Under 1 Year	Hours Min.
n	PALE WY	IJE		OWED		MAR. 19,	1873	80		
1C wnrl	A. USUAL OCCUPAT	ON (Give kind nf life, even if retired)	108, KIND	OF BUSINE	SS OR NDUSTRY	11. BIRTHPLACE	E (State or for	reign country)		IZEN OF AT COUNTRY
0		2 FORE	MAN.	- 010	- 00	MAR			10.	
13	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	ME		
_	JAMES	ROB1				BARBA	RA	COLLIA	15	1000
(Ye	. WAS DECEASED EVER	IN U.S. ARMED s, give war nr dates	FORCES?	16. SOCIAL SECUR	ITY NO.	17. INFORMANT			ADDRESS	
_	NO-					JOSEPH R	R. ROBI	NSON 73	10 5.1	POTOMA
	18. 450.0				CAUSE	DEATH			INTE	ERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arleno Coles								-4	+
	(This does not me heart failure, asthe	ean the mode of	f dying, e. s		V	3-4000	8		•	1 7 80.
	injury or complic	eation which c	aused death	L) DUE TO						
	ANTEC	EDENT CAUS	ES							
Z	DISEASES OR CO	ONDITIONS II	F ANY GIVIN	(B)	***************************************			***************************************		***************************************
Ē	RISE TO THE ABO UNDERLYING C	VE CAUSE (A)	STATING TH							
S	ONDERET MO	oneon	01.							
는		П		(C)				***************************************		1
ERTIFICA	OTHER SIGNIFI									
Ü	TO THE DISEASE	OR CONDITION	CAUSING 1	т	05 0050				1.00	A.I.E.O.D.O.I.
7	19A, DATE OF OPE	ATION	9B. MAJOR	FINDINGS	OF OPERA	ATION			YES	S NO X
MEDICAL	21A. ACCIDENT, SU HOMICIDE (Spec	ICIDE.	218. PLA	CE OF INJU	RY (e. g., in	nr 21c. WHERE		in Baltimore City,		
ED	HOMICIDE (Spec	X	about hnme, i	farm, factory, stree	et, office bldg., et	c.) INJURY OC	CUR?			
Σ	21D. TIME (Month)	(Day) (Year)	(Hour)	21E. INJURY	OCCURRE	D 21F. HOW D	ID INJURY	OCCUR?		
	FINJURY	X	m.	WHILE AT	NOT WHILE					
	22 I havahu asuti	f., 47, 47, 44		WORK L		tral 50	und de	در 10	4 had 1	I last saw the
	22. I hereby certi deceased alive on			and that de		red at	m from th	ne causes and on		
	23A, SIGNATURE	N	d/	and that de		B. ADDRESS	(11	1200		DATE SIGNED
	51	ance	9100	Mann	M. D.	3434	Eller	she ac	- the -	19-53
2	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	248, DATE	X	24c. NAME o	FCEMETER	Y OR CREMATOR	RY 240. LC	CATION (City, tow	n, or count	y) (State)
	URIAL	AUG- 21,	1953	OAK	LAN	N		GATE	MD	
	ATE RECEIVED BY	REGISTRAR'S	SSIGNATE	and the state of t		25. FUNERAL D	PIRECTOR		ADDRE	ESS 2112

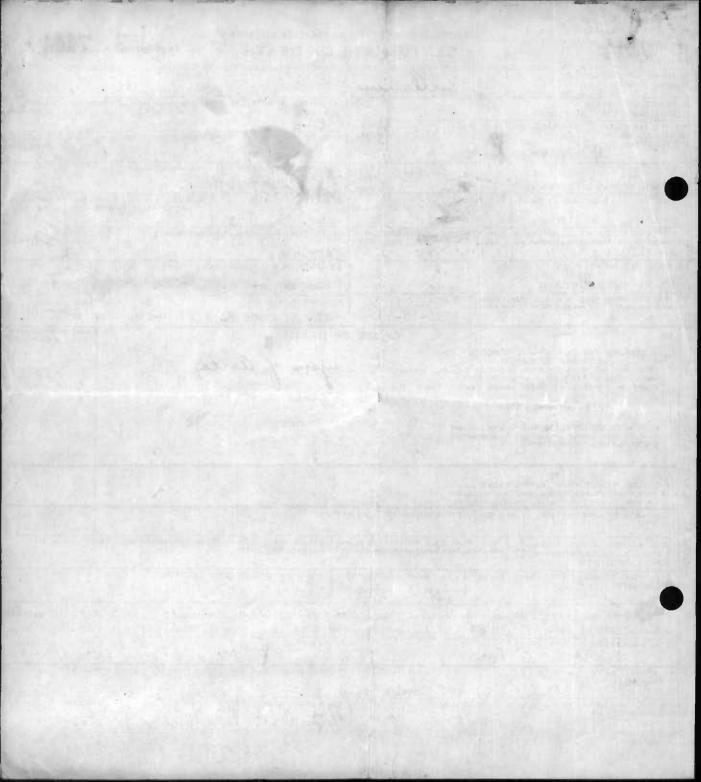


M - 4-40

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register 53 No. 7444

BIRTH NO.	CERTIFICAT	E OF DEATH	Registeren	NO	
1. NAME OF DECEASED (Type or Print) Sarah Eliza	bech Mallalien		2. DATE OF DEATH AL	ıg. 19, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland	al or institution, give street address o	4. USUAL RESIDENCE (W			
HOSPITAL OR 1348 Pentwood	location		outside corporate limi	township)	
ngth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If a		,	
female white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific WidoWed	8. DATE OF BIRTH Aug. 26, 1881	9. AGE (In years last birthday) M	if Under 1 Year on the Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) LOUSEWITE	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN O			
John Henry Anderson		14. MOTHER'S MAIDEN NA Unknown		Tenturoed Rd.	
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give war or dates	16. SOCIAL SECURITY NO. 218-26-6009	Mrs. Frances M.		Pentwood Rd.	
LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication with the property of	f dying, e.g., (A)	urysm of Aart			
9	98. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg		f in Baltimore City,	give exact location)	
2 ID. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I atte	m. WHILE AT NOT WHILE AT WORK Conded the deceased from	aug 19 , 1953, to	aug 19, 195		
deceased alive on ling 19 23A. SIGNATURE Strome Ga	ber M.D.	irred at 10 Am., from the 23B. ADDRESS 1104 E. Coldific		the date stated above. 23c. DATE SIGNED aug 19, 1953	
24a. BURIAL, EREMA- TION, REMOVAL (Specify) 8/21/53 Burial 8/21/53 DATE RECEIVED BY LOCAL REGISTRAR	24c. NAME OF CEMET Druid Rid S SIGNATURE		Station (City, town sville, Md.	DDRESS	
VS 150	3	Bat	to.17,	Md.	



5-1.63

I. NAME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere 53 7445

2. DATE _ / ... /

(Type or Print) BENJAMIN SHEPPARD	OF 8/19/33
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	1 . 4 6 DV . 3 117
INSTITUTION UNION MEMORIA L HOSP.	C. CITY OR TOWN (If outside corporate limits, wite RURAL and give township)
UNION FILM MAL HOSP.	ZEH ET DALITMONDO
Yrs. Mos.	D. STREE ADDRESS (If rural, give location)
c. ength of stay in Baltimore Days	ZZIILAKE AVENUE
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under I Year of Under 24 Hours of Months Days Hours Min.
IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MEAT DEALER Selt employed	MARYLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BENJAMIN SHEPPARD 119	SARAH BURTON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT ADDRESS
Were!	We. amelian. Sheppard - 2211. t. Takelin
18. 420.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1. 1. 1
(This does not mean the mode of dying, e.g., (A)	ardal infarción Imo.
heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.)	V
ANTECEDENT CAUSES	
(B) (B)	wy occuron m.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	in Continue of the 13
(C)	would be provided the same.
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
1 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
218. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g., I	n or 21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	sto.) INJURY OCCUR?
2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURR INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE MY WORK AT WORK	
22. I hereby certify that I attended the deceased from Z	116/53, 19, to 8/19/53, 19, that I last saw the
	red at 3:40 Pm., from the causes and on the date stated above.
Henry J. Knock, Jr. M.O.	Win Mandral Hope. 23c. DATE SIGNED
24A. BURIAL, CREMAY 24B. PATE TION, REMOVAL (Specify) 8/19/53 24c. NAME OF CEMETE BURIAL Parkwood	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
111000 1 Junting Tora Hy linux.	Vim y Victurer & Sous
VS 150	al Al Watto in Mil
J.	Janes 11, 1 ma.

MARGIN RESERVED FOR BINDING

The

53 57446	26
----------	----

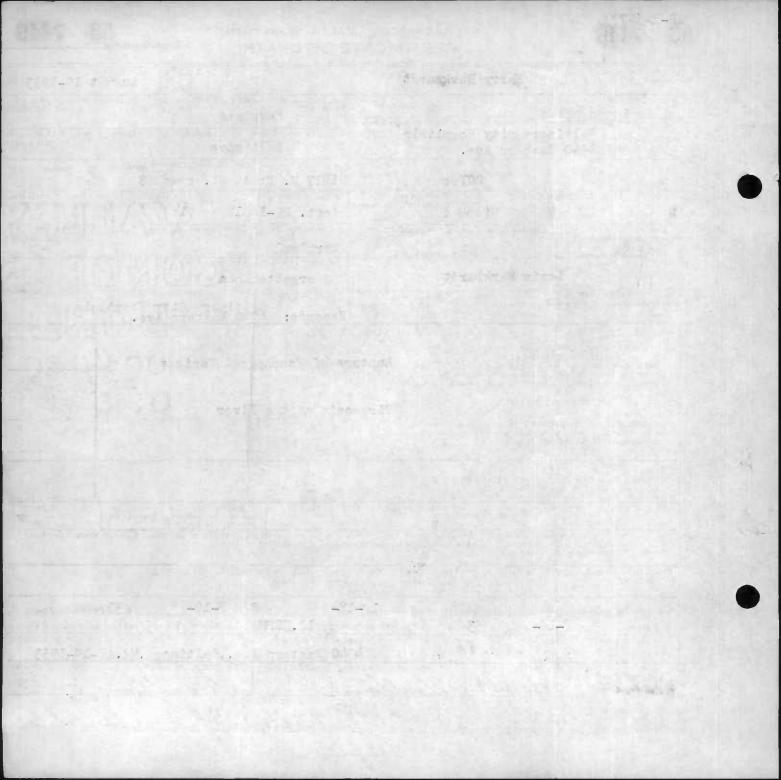
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 7446

	BIRTH NO.	IFICATE O	F DEATH	Registered	No.			
	1. NAME OF DECEASED (Type or Print) Harry Burkhard	t		OF AU	gust 19-1953			
-	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give st.)	A. S1	SUAL RESIDENCE (W	here deceased lived. B. COUNTY	If institution: residence before admission)			
	HOSPITAL OR INSTITUTION 4940 Eastern Ave.		TY OR TOWN (If Baltimore		tils, write RURAL and give township)			
	c. Length of stay in Baltimore 20Yrs	20	REET ADDRESS (If					
	S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVOR WIDOWED, DIVOR WIDOWED	D. 8. D/	t. 29-1881	9. AGE (in years last birthday)	H Under 1 Year Months Days Hours Min.			
7	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) Baker	INDUSTRY	IRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME Louis Burkhardt	14. N	orgette Kohn	AME	IG RATES			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SEC	URITY NO.	NFORMANT Baltimo	re City Hos	ADDRESS pitals			
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH ONSET AND DEATH OUE TO							
	UNDERLYING CONDITION LAST. (C II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	19a. DATE OF OPERATION 19B. CONDITION FOI WAS PERFORMED	R WHICH OPERAT	PART I	TION WAS RELATED OF DEATH, ENTER OR PART II	IN YES NO			
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	OF INJURY (e. g., in ctory, street, office bldg., etc	21c, WHERE DID INJURY OCCUR?	(If in Baltimore Cit	y, give exact location)			
	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJU WHILE AT WORK	NOT WHILE	21F. HOW DID IN	JURY OCCUR?				
22. I hereby certify that I attended the deceased from 12-18-, 1952, to 8-19-, 1953 that I last s deceased alive on 8-19-, 1953, and that death occurred at 12.30PM., from the causes and on the date stated 23A. SIGNATURE 23B. ADDRESS 23C. DATE S 4940 Eastern Ave., Baltimore, Md. 8-19-195								
	TION, REMOVAL (Specify) 8/21/53 Was	E OF CEMETERY OR	CREMATORY 24D. L	Woodle	n, or county) (State)			
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	W- My 25. F	Ellensing	An 3615+1)	her tolder.			

49044

VS 150



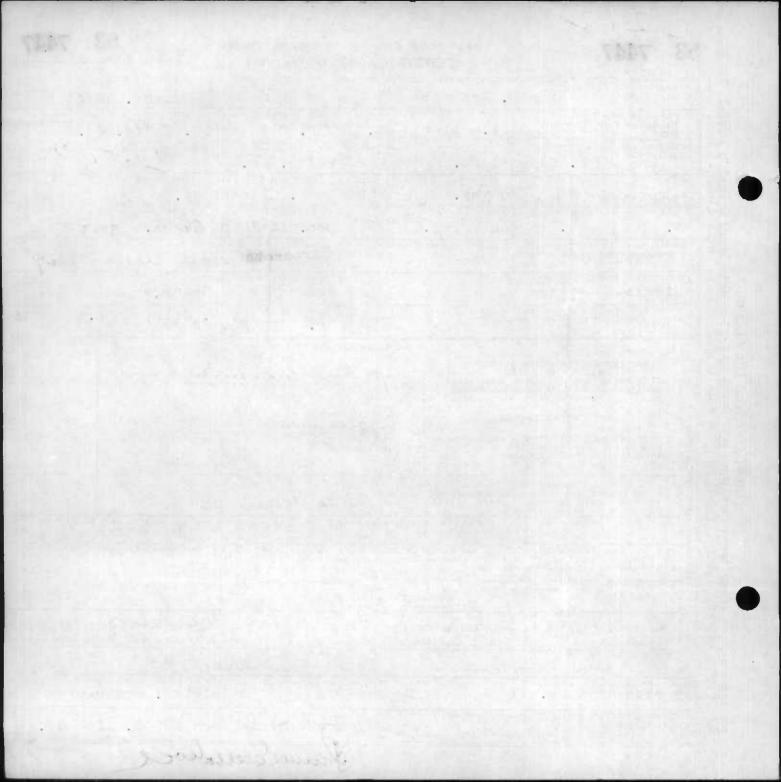
MARGIN RESERVED FOR BINDING

二	2	1	7-
_	_	-	
-0		A 2004	

BALTIMORE CITY HEALTH DEPARTMENT

		53	7447
•	Registered	No.	

BIRT	TH NO.				CERTIFICA	TE OF	DEA	TH	Registered	No.	
1. NAME OF DECEASED (Type or Print) Anna D. Esposito 2. DATE OF DEATHAUG. 1										18/	'5 3
A. B.	LACE OF D Saltimore (ULL NAME SPITAL OR	EATH: City, Mar OF (If)	yland or	N C	linten St lion, give street addres locati	s or 27	N. Cl	inton	St. Balto	If institu	hefore admission)
	TITLITION	27 N.	Clint	on St		Ba	lto.	Md.	outside corporate l'ir	its, wen	township)
o. L	ength of s	tav in Ba	altimore 4	0 yrs	3/			RESS (If linter	rural, give location)		
5. SI	EX		R OR RACE	7 SINGLE	E. MARRIED, VED. DIVORCED (Spe 1 0 0	8. DA		1886		Months I	Year If Under 24 Hours Days Hours Min.
10A. work de	USUAL OC one during most	CUPATION	N (Give kind of even if retired)	Home	O OF BUSINESS OF				reign country) eramo Ital		WHAT COUNTRY?
	icolo-		rese					Ca vi	Gennaro		
15. \ (Yes, r	WAS DECEAS no or unknown)	ED EVER IN (If yee, gi	U. S. ARMED ive war or dates	FORCES? of service)	16. SOCIAL SECURITY NO	o. 17. IN	. Alp	honso	Clinton Esposito	ADORE	ss
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE						in	elliti				
빙		OR CONOITIO		9B. CONDI	ITION FOR WHICH	operati		LE OPERA	TION WAS RELATED		O. AUTOPSY?
5 0	OR CONTRI	BUTING		about	B. PLACE OF INJUR bome, farm, factory, street,			PART I C	OR PART II	Y	exact location)
	210. TIME OF INJURY		Day) (Year)	(Hour)		JRRED WHILE	21F. HO	W DID IN	JURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan. 5, 1957 to Quant 18, 1953, that I last saw t deceased alive on 8-17, 1953, and that death occurred at									ite stated above.		
244	23a. SIGNATURE Costantine, M.O. 23 Conhling of 8-19-53 24a. BURIAL/CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24O. LOCATION (City, town, or county) (State) TION RETOXAL (Specify) Aug. 21/53 Holy Redeemer Delair Rd. & Moravia										
	TE RECEIVE		EGISTRAR'		VY Walle		TE D	ILA NO	ce 322 S.		gh St.
	VS 150			0		ga	auer	Dell	plever		



The

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

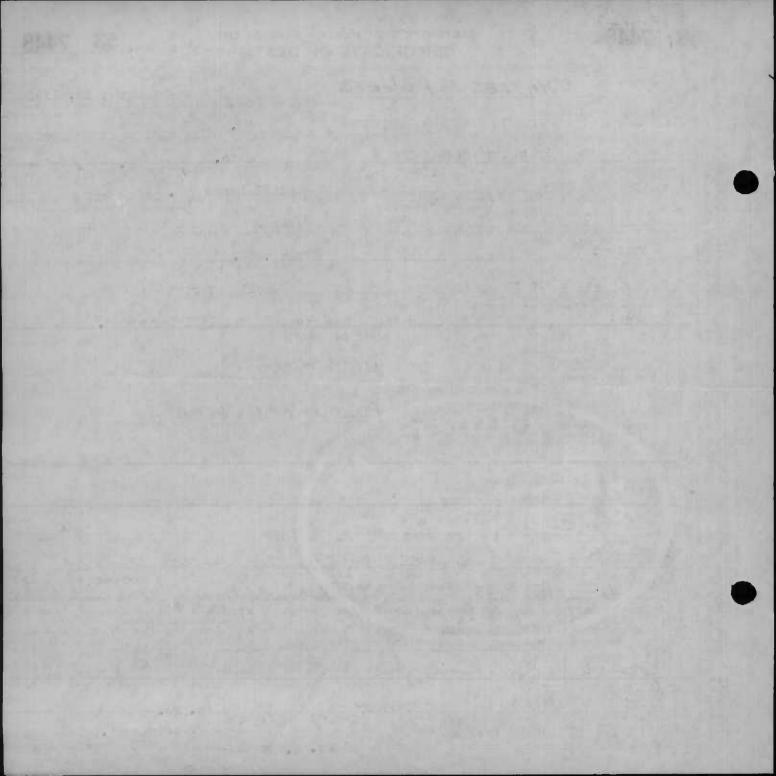
gistered 53 7448

BI	RTH NO.			CERTIFICA	TE OF DEAT	ГН	Registere	d No	/ AND
	NAME OF D	ECEASED					2. DATE		
	ype or Print)	CHAR	LES	ROGE	2.5		OF		3055
	PLACE OF D				4. USUAL RESID	DENCE (Wh			
В.	FULL NAME		al or institut	ion, give street address		Md.			
IN	STITUTION			location	n) c. CITY OR TOW	N (If o	utside corporate li	mits, write	RURAL and give township)
1	19	Provi	dent Ho			Balto.	11		
100	Langth of a	tay in Baltimore		Life Yr.	3.		1		
	SEX	6. COLOR OR RACE	7. SINGLE	Day E. MARRIED.		Lorma	9 AGF (in years	It Under 1 Yes	er If Under 24 Hours
Н	M	C	WIDOW	E, MARRIED, VED, DIVORCED (Spec	7/22/45	5	9. AGE (In years last birthday)	Months Da	Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE	(State or fore	eign country)		TIZEN OF
	Stude				Balto	Md.		IISA	
13	. FATHER'S	NAME			14. MOTHER'S M.	AIDEN NAN	ME		
		Jesse Roger			Moz e	lla Ov	erton		
15 (Ye	. WAS DECEASI	ED EVER IN U.S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT			A.DDRES	s
	No			None	Jesse Ro	gers 18	831 Lorman	st.	
	18. F	929 5.		CAUS	OF DEATH			INT	ERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY					ON	SET AND DEATH
	(This does	LEADING TO DEAT	f dying, e. :		ROWNING				
	heart failt	are, asthenia, etc. It mea complication which o	ns the diseas	e,					
		ANTECEDENT CAUS	FE	2					
		ANTECEDENT CAOS	, _ 3	(B) P(ILMONARY	EDE	MA		
0		S OR CONDITIONS, I		1G					
F	UNDERL	YING CONDITION LA	ST.	(C)					
CA				(0)					
E	OTHER S	II SIGNIFICANT CONDI	TIONS CO	4.					
RT	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	0					
CE			the state of the s	FINDINGS OF OP	ERATION			20	O. AUTOPSY?
L		N. T.						YE	ES NO
CA	21A. EXTERI	NAL CAUSE WAS		CE OF INJURY (e. g			in Baltimore Cit	y, give exa	ct location)
EDI	UNDERLYIN UTING C	OR CONTRIB.	about nome,	Atak.	Boots		L ROY	- Dog.	J 15/3
ME		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUP	RED 21F. HOW DI	DINJURY	OCCUR?	A. De.	00
	OF INJURY	Zua. 18 1953	2:15 m.	WHILE AT NOT WHI	lelling d	ital be	+0 0.00	1	4 1.516
	22. 1 oprti	fy that I took char			- //	AN	0500	ther	eon and from
						Autopsy, In	spection or Inqui	rv	
	and de	idence obtained by eath in my opinion	said Auto resulted f	psy, Inspection of rom: natural cau	r Inquiry, find that sees \Box , accident ∇ ,	t said dec , suicide [eased dicd on \square , homicide \square	the day, undeter	stated above, mined \Box .
	234. GIGNA	TURE A. O.	a Rec	incale	ASSISTANT M	TEDICAL EX	KAMINER	23c. DATE	P- F3
24	A. BURIAL.	CLEMA 248. DATE		24C. NAME OF CEME	M.D. MEDICAL INVIERY OR CREMATORY			wn, or count	ty) (State)
TIC	n. Byrial. (S ON, REMOVAL (S Buria	9 0 000 000					TERMEN !		N
D	ATE RECEIVE	The state of the last of the l		Mt Calvar	125. FUNERAL DH	RECTOR	o. Md.	ADDR	ESS
	CAL REGIST		1			1303	Presstman		

V S 151

N-990x

Goo. G. Kelson Sec. H. Kelson



MARGIN RESERVED FOR BINDING

lied. The
supplied.
carefully egibly.
n should be
informations of death c
the cause
Every write
INK. please
TE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. especially important. Physicians: please write the causes of death clearly and legibly.
WITH ortant.
INLY, y impo
PLA peciall
WRITE e is es
PLEASE correct ag

11/	ラー レジ	50					202 X 11 11 15 16	
	3 7449				EALTH DEPARTMEN	NT Registere	53 7449	
E	BIRTH NO.	THE REAL PROPERTY.	CI	ERITFICAT	E OF DEATH	registere	1 110.	
	. NAME OF DEC Type or Print)	WILLIA	m 1	BECKE	TT	2. DATE OF DEATH Ass	met 18, 1059	2
	. PLACE OF DEA Baltimore Cit				4. USUAL RESIDENCE			
E	FULL NAME OF		al or institution,	give street address or location	Md .	(If outside cornorate li	mits, write RURAL and	d crive
	NSTITUTION	Provident 1	Hospital		Balt			iship)
. -	84			Yrs. Mos.	D. STREET ADDRESS		2-00	
1 700	Length of sta	y in Baltimore	Life	Days	1849 Lorma		fi Under 1 Year If Under 24	1 Paul
	VI.	C C		DIVORCED (Specify)		9. AGE (In years last birthday)	Months Days Hours	Min.
1	OA. USUAL OCCU	PATION (Give kind of orking life, even if retired)	108. KIND OF	BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF	
	Stu	dent		TREGSTAT	Balto. Md.		WHAT COUNT	IRY
1	3. FATHER'S NA				14. MOTHER'S MAIDEN			
1		uel Beckett		5. SOCIAL	Margaret 17. INFORMANT	Randall		
(X	No or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Margaret Beck	att 1940 Tam	ADDRESS	
	184979	5			OF DEATH	err 1049 10M	INTERVAL BETY	
		OR CONDITION					ONSET AND D	EATH
	(This does n heart failure,	EADING TO DEA of mean the mode asthenia, etc. It mean complication which	of dying, e.g., ans the disease,	(A)	OMNING	• •		
	Al	NTECEDENT CAU	SES	PI	JEMONARY	IEN Em A	7.	
Z		OR CONDITIONS,		(B)	00/07/1	EDATA		
ATION		ABOVE CAUSE (A)		(C)				
S		11		(0)		-		
ERTIFIC		II NIFICANT COND O THE OEATH, BUT ASE OR CONDITION	NOT RELATED	•••••				
Ü		OPERATION 1	98. MAJOR FI	NDINGS OF OPER	RATION		20. AUTOPS	
NA.	21A. EXTERNA	CAUSE WAS	21B. PLACE	OF INJURY (e.g.,	n or 21c. WHERE DID	(If in Baltimore City	y, give exact location)	
EDIC	UNDERLYING	OR CONTRIB-	about home, farm,	factory, street, office bldg.,	etc.) Hydury occur?	Bentalon	e Sr. 15-	
Z		onth) (Day) (Year		. INJURY OCCURR	ED 21F, HOW DID INJ	URY OCCUR? whe	leiplaying	
	9.	ng. 18,1953 13	:15 m. WHIL	RK NOT WHILE	X fell indited	parth felled	with water	N.
				nains described	Autop	sy, Inspection or Inquir	thereon and f	
	the evide	nce obtained by h in my opinion	said Autopsy resulted from	y, Inspection or . n: natural eause	Inquiry, find that saids s [], accident K , suice	l deceased died on	the day stated ab	ove,
	23A. SIGNATU		\- P:	. 1	238 CHIEF MEDICA ASSISTANT MEDICA	AL EXAMINER	23c. DATE SIGNED	2
2	4A. BUR AL. CRE ON, REMOVAL (Spe	MA- 24B, DATE	240		RY OR CREMATORY 24	LOCATION (City, to	vn, or county) (St	ate)
_	Burial	8/22/5		t Calvary		Balto . Md.		-
	OCAL REGISTRA		S SIGNATURE	1 (4	25 FUNERAL DIRECTO	son 1303 Pres	stman St.	
=	/ S 151 //	0.00	A Marie 1181	the color of the	Dea. Is	Kelen	V	
11	2 1)1 //	990×	61				V	

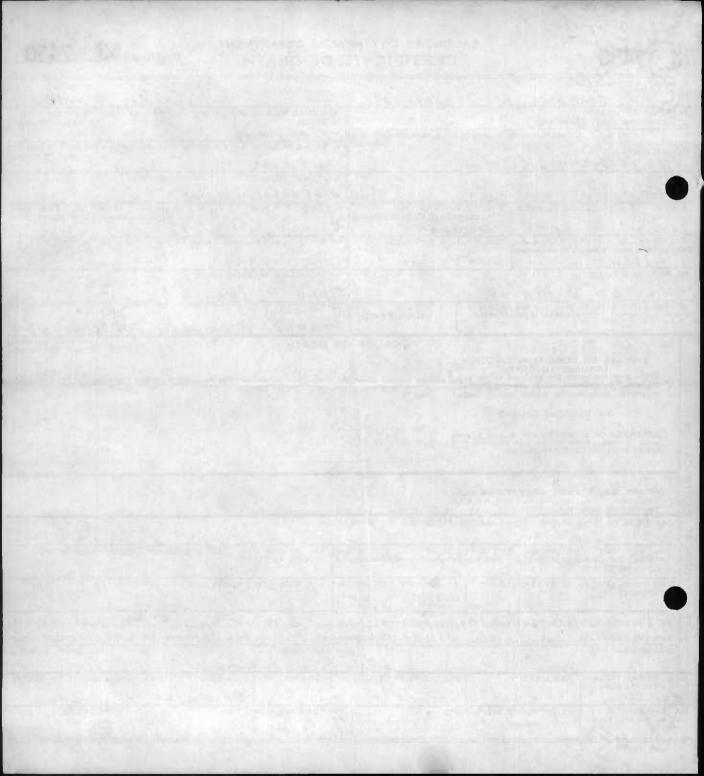
S-345 53 7450

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 7450

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)				2. DATE	
THORE	WCE A. ST	ALLINGS		DEATH PUG.	19,1953
3. PLACE OF DEATH: A. Baltimore City, Mary			4. USUAL RESIDENCE (Where deceased lived. If in	nstitution: residence before admission)
B. FULL NAME OF (If no		on, give street address or	4.0	B. 000KT1	beloze admission)
HOSPITAL OR INSTITUTION		location)		f outside corporate limit,	
5135 FREDERICK	AILE.		BALTIMORE	1-5	(wnship)
		Yrs.	o. STREET ADDRESS (I	rural, give (Cation)	
ength of stay in Balt		Mos. Days	5135 FREDERICK	Are.	
5. SEX 6. COLOR of	R RACE 7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year If Under 24 Hours ths: Days Hours Min.
FEMOLE WHITE			JUNE 27, 1875	78	the Days Hours will.
10A. USUAL OCCUPATION (Givekindof 10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or)	foreign country)	12. CITIZEN OF
HOUSEWORK		to m &.	BALTIMORE		WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
WILLIAM D.	Moris		MARY FISHE	2	
15. WAS DECEASED EVER IN U	S. ARMED FORCES?	16. SOCIAL	17 INFORMANT		DRESS
(Yes, ao or unknown) (If yes, give	war or dates of service)	SECURITY NO.	HOWARDG. BRA		
18. EXEV		CALICE	OF DEATH	ECELET SIN	INTERVAL BETWEEN
0000	DITION DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
LEADING	TO DEATH	0	ading fain		24 hours.
(This does not mean the heart failure, asthenia, e	te. It means the disease		ardiac failu		
injury or complication	which caused death.) DUE TO	0		
ANTECEDE	NT CAUSES	04	20000000000		- 1
DISEASES OR CONDI	TIONS, IF ANY, GIVING	3	ole cystitis	000000000000000000000000000000000000000	s days
RISE TO THE ABOVE CA	USE (A) STATING THE	E OUE TO			0
0		(C)			*****
					THE PERSON NAMED IN COLUMN 2 AND ADDRESS OF THE PERSON NAMED IN CO
OTHER SIGNIFICANT	CONDITIONS CON				
TO THE OISEASE OR C	ONOITION CAUSING IT				
19A. DATE OF OPERATION	ON J9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
V					YES NO
21a. ACCIDENT WAS U LYING OR CONTRIBU CAUSE OF DEATH		CE OF INJURY (e. g., in rm,factory,street,office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
210. TIME (Month) (Da	y) (Year) (Hour) 2	11E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
FINJURY	w	HILE AT NOT WHILE			
	m.	WORK AT WORK		1 .8	
22. I hereby certify th	nat I attended the		19 14 , 1953, to C	lug 10, 1933,	that I last saw the
deceased alive on CL	1937. a		red at 1.30 am., from	the eauses and on the	
Zox. SIGNATURE	11110117101	. ,	3101 W Daetemore	A6.	8/19/J3
24A. BURIAL. CREMA- 24B	DATE / /2	M. D. C	/	LOCATION (City, town, o	
TION, REMOVAL (Specify)	1100	, 0			
BURIAL FW	STRAR'S SIGNATUR		25. FUNERAL DIRECTOR		ARI/LAND-
LOCAL REGISTRAR	inguisting to be	Sillera-	(7 4/ W	1	201 101
AUG ZU III	1 1	Second B.	Joseph C. in	Mun 1328 VI	usenus on Va

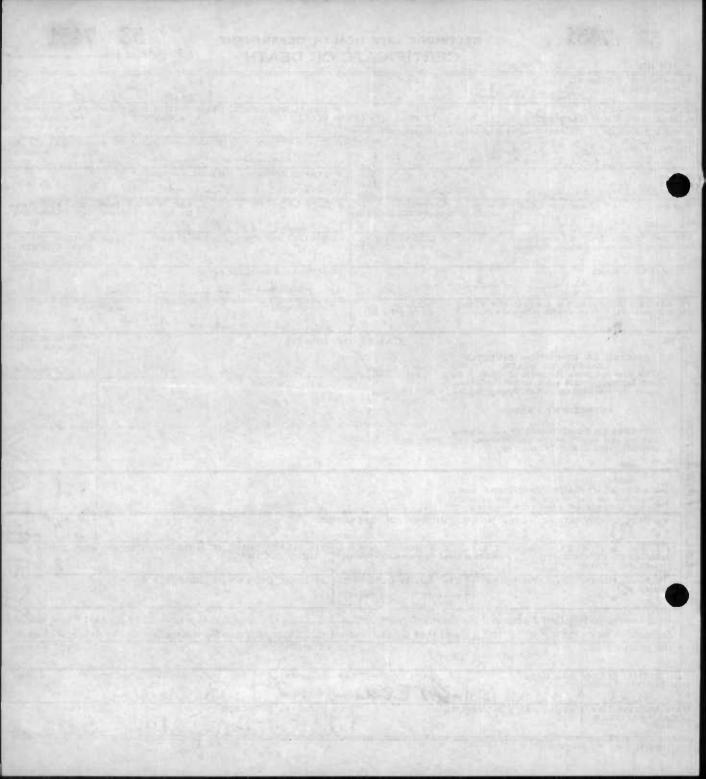


A -	7-5	0
1 53	74	51

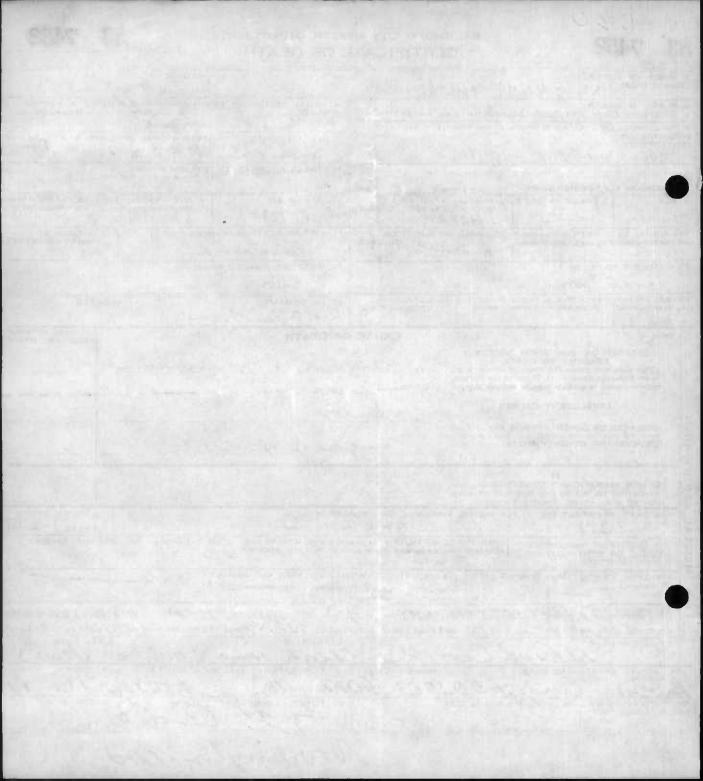
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7451 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) John Coham	2. DATE 20 aug 1953
3. PLACE OF DEATH: A. Baltimore City Maryland 1206 Valley 41-	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street ad ress of HOSPITAL OR location	
INSTITUTION Little Sisters of the Food	C. CITY OR TOWN (If outside corporate lines, write KURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore 15 y	386: 2, 32 4
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKHED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years It Under I Year If Under 24 Hours I hours Min.
male White	27 Sapar 1871 81
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if rotired) INDUSTR	Y 11. BIRTHALACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John askerne	Roberta ann Vean
15. WAS DECEASED EVERVIN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Lettle Sister of the for
18. 470.1 . CAUSE	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH
(This does not mean the mode of dying, e.g., (A)	Colonaly shonloses 19ay.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	1 2 7 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1
DISEASES OR CONDITIONS, IF ANY, GIVING	400 cerosis -
E RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)(C)	
Ĕ.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	PATION 20 AUTORCY2
	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
F INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from the	19 19-, 1953, to lug 20, 1953 that I last saw the
	fred at 2-15 Am., from the fauses and on the date stated above.
Co Gill Hall M.D.	23B. ADDRESS 23C. DATE SIGNED aug 20-53
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C AME OF CEMET	ERY OR CREMATORY 24D. LOCATION (Gity, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	West It to deleld 9006 Beddle Sh
VS 150 Juntingford Number 8	



5. BIR	1-6 3 74	20		TIMORE CITY HE	ALTH DEPARTMENT E OF DEATH	X Registered	53 7	452
	NAME OF D	MRS. CYLEN	IA M	ORRIS		OF Augs	nt 20,1	953
A. I	Baltimore (City, Maryland Ou	uch Hom	+ Hospital	4. USUAL RESIDENCE (B. COUNTY		residence re admission)
B. F	ULL NAME SPITAL OR	OF (If not in hospital	al or instituti	ion, give street address or location)	c. CITY OR TOWN (I	Honford outside corporate limit	its, write RU	RAL and give
INS	PHOREH	HOME AND H	OSPITA	-1_	Douline ton			township)
7	6			Yrs. Mos.	D. STREET ADDRESS (I		1000	
	ngth of s	tay in Baltimore		Days			6	
5. S	male	6. COLOR OR RACE	WIDOW	E, MARRIED, (Specify) RRIED RRIED	July 15, 1887	9. AGE (In years last birthday)	on the Days	Hours Min.
10A	. USUAL OC	CUPATION (Give kind of of working life, aven if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZ	EN OF
	tonsen	nje	House	unfe	Pennylvan		U.S.1	-
13.	FATHER'S				14. MOTHER'S MAIDEN N	NAME		
	1.0	5 Jones			Ollivia 8	Jones		
		ED EVER IN U. S. ARMED (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Cylena Mi		ADDRESS	
CERTIFICATION	OTHER S	SE OR CONDITION LEADING TO DEAT in to mean the mode of the asthenia, etc. It mean complication which e ANTECEDENT CAUS SOR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION IS TO THE DEATH, BUT ISEASE OR CONDITION	I'H f dying, e. g f dying, e. g sthe disease auscd death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) Senit	of DEATH veleron's + Myou vene J the ly			AND DEATH
اب	A 1			FINDINGS OF OPER			1	AUTOPSY?
MEDICA	Agent 3, 1953 Sangrane of the left lee. 21A. ACCIDENT WAS UNDER. LYING OF CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from fully 25, to free 4, 1953, that I last saw the deceased alive on August 20, 1953, and that death occurred at 935a.m., from the causes and on the date stated above. 23A. SIGNATURE 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR? NOW INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 31F. HOW DID INJURY OCCUR? 45 Agent 20 45 Agent 20 46 Agent 20 47 Agent 20 48 Agent 20 4							
DA	TE RECEIVE CAL REGIST VS 150	D BY REGISTRAR	12	21983 HO	25. FUNERAL DARFETOR	Bail	an, or county)	Do My
					o warry	of los	7	



R-000 53 7453

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7453

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) E. GRA	CE RAY	KAR	2. DATE OF DEATH AU	ng. 19, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution) HOSPITAL OR INSTITUTION 5146 Stafford Rd.	ntion, give street address or location)	4. USUAL RESIDENCE (WA. STATE Md. C. CITY OR TOWN (If Baltimore	There deceased lived, I B. COUNTY	If institution; residence before admission) its, write DUBAL and give fownship)
WIDO	Yrs. Mos. Days E, MARRIED. WED, DIVORCED (Specify)	D. STREET ADDRESS (IF 5116 Stafford Res Date of Birth	9. AGE (in years)	li Under I Year Ii Under 24 lious Aonths; Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	dowed D OF BUSINESS OR INDUSTRY at home	March 19, 1876 11. BIRTHPLACE (State or for Maryland 14. MOTHER'S MAIDEN NA		12. CITIZEN OF WHAT COUNTRY
Lemuel German		Eunice Pierce	VIVI E	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of mervice)	16. SOCIAL SECURITY NO. NO	17. INFORMANT Mrs. David S. Ph		Stafford Rd.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the dises injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING	g., (A)	generative de l'ascular de l'As	ascis- Voiese	5 years
19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. 21B. PL LYING OR CONTRIBUTING 6bout home	R FINDINGS OF OPER ACE OF INJURY (e. g., ir, farm, factory, street, office bidg., e	or I 21c. WHERE DID (I	f in Baltimore City,	20. AUTOPSY7 YES NO No give exact location)
23A. OTGNATUR T. SCA	and that death occur	red at \$ \$\int_{\text{.m., from ti}}\$ The state of the s	8-19, 19- he causes and on low House	Sthat I last saw the the date stated above.
248. DATE NON, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR	Lorraine Park (lawn, Md.	ADORESS
VS 150	A STATE OF THE STA	VIMILAN NEW	ner 1 som	7-10carro, 1711

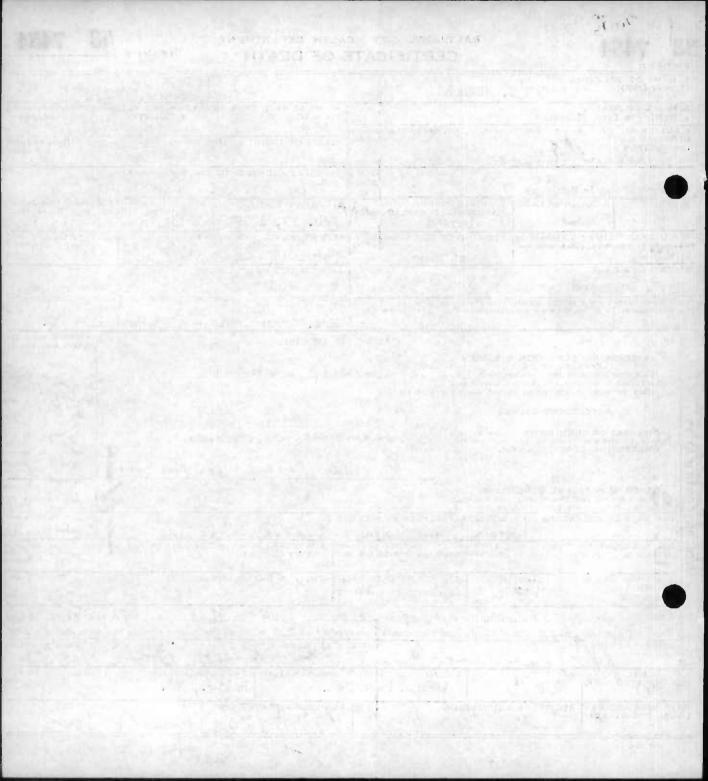
STA . T. COM

114	-3	(5
33	745	64	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7454

PUE		7:1		CERTIFICATI	E OF DEATH	Registered	No.	0.1
	NAME OF E	DECEASED				I a DATE	1	
(Ту	pe or Print)		Z. HEYD	ORN		2. DATE OF	1,9/0	3
	PLACE OF D	EATH:			4. USUAL RESIDENCE (V			
	Baltimore ULL NAME	City, Maryland	al or institut	ion, give street address or	A. STATE	B. COUNTY	befo	orgadmission)
HO	SPITAL OR	(II not in nospit	ar or institut	location)		outside cor orate lin	nits, write RU	RAL and give
1145	-RAVK	CLIN SQUE	HE	14558	BALTO	16		township)
2	1			Yrs.		rural, give location)		
a	ngth of s	stay in Baltimore		Mos. Days	23/2 Harle	in Auc		
5. 5	SEX	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year	If Under 24 Hours
	1	W W		owed (speelly)	Feb. 19, 1879	last birthday)	Months Days	Hours Min.
10/	USUAL OC	CUPATION (Give kied of of working life, even If retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZ	
	2 ws	or working ine, even it retired/		t home	Maryland		WHA	T COUNTRY
43.	FATHER'S	NAME		110.110	14. MOTHER'S MAIDEN N	AME		
W	m.H. Bu	rgoyne			Emma Wink			
15.	WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(1 00,	oo or ourouwn)	(11 yes, give war or date	s or service)	SECURITY NO.	Mrs. Grace Teet	s - 11923 Wes		Rd.
	18. 15 3	2 1/		CAUSE	OF DEATH	4,2, 1100		VAL BETWEEN
	100	SE OR CONDITION	DIDECTIN	CAUSE	OF DEATH			AND DEATH
		LEADING TO DEA	TH	Pale	Ley Eurbelys		149	
1	heart failt	s not mean the mode oure, asthenia, etc. It mea	ns the diseas	e. V	~~!	*******************************		*****************
	injury or	complication which	caused death	.) DUE TO				
-		ANTECEDENT CAUS	SES	Comus	Acres 1	Calen	1-1-10	
0	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B) C.C.C.C.	Bowel DG Truct	Coron		***************************************
F		THE ABOVE CAUSE (A)		HE DUE TO UNGLE	bonsel Das Linch	100	Sept. 175	
<u>0</u>				Dar	/	P	(.	
느		11		(c)(ike Caceum. 6	ch feriloni	רט	******************
2		SIGNIFICANT COND						
تا ₋	TO THE D	DISEASE OR CONDITION	CAUSING I	т		***************************************		
ادِ	19A. DATE C	0 0		FINDINGS OF OPER	-0.0			AUTOPSY?
<u>۷</u> -	21A. ACCIDI	ENT, SUICIDE,	2 18 PLA	CE OF INJURY (e. g., in		f in Baltimore City	YES L	location)
	HOMICIDE	(Specify)		srm, factory, street, office bldg., e		2 22 2000000000000000000000000000000000	, pro cauco	iocution)
∑ -	21n TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	/ OCCUR?		
	INJURY	(200) (200)		WHILE AT NOT WHILE				
			m.	WORK AT WORK		,	4.	
		ry certify that I att		weceasta ji on	19 to	<u></u>	2, that I l	last saw the
-	deceased a	live on Alla	_, 19_5		red at 10 4 m., from t	he causes and on		
	23A. SIGNA	XXVI	1.1	2	36. ADDRESS	6 16.	23C. PA	TE SIGNED
24	A. BURIAL	REMA-) 248, DATE		M. D.	RY OR CREMATORY 240 L	OCATION (City, tow	n, or county)	(State)
TIO	n REMOVAL	8/22/5		Loudon Park (o., Md.	.,,	(134111)
	TE RECEIVE				25 TUNERAL DIRECTOR	1	/ADDRES	c
	CAL REGIST	RAR	3.01	13: BA-)M2	1/1/2000	a 10 1008/	Y Va	11
	VIIC 5 []	1 Junetes	7	BARRIOTT B. B.	WILLIAM. T. M	went	1 40	
	VS 150				1 /16	asta 1-	7 /1/	18 00
					1 10	aero, 1	1 11	m.



2	E 152	E	E(/A)	EALTH DEPAR		stered 33_	7455
	BIRTH NO. 1. NAME OF DECE (Type or Print)	ASED Daniel	Evans, gr		2. DATE OF DEATH	8-20-	53
у.	B. FLACE OF DEAT A. Baltimore City B. FULL NAME OF HOSPITAL OR INSTITUTION	, Maryland	itution, sive street address or location)	A. USUAL RESI	DENCE (Where deceased B. COU	INTY (Salies	before admisslo
d legibly	c. Length of stay		Yrs. Mos. Days	6 6 2 7	Bushey Au	د.	Your If Under 24 Hox
clearly and	10A. USUAL OCCUP	PATION (Give kind of 10B, K	IND OF BUSINESS OR INDUSTRY	JULY 13) Months I	Days Hours Mir
death	POLICEMA 13. FATHER'S NAM Daniel	P. Cvans,	dr. shypord	14. MOTHER'S I	Maiden Name Mr. Deuch	ler	.s.a.
rses of	(Yes, no or unknown) (VER IN U.S. ARMED FORCE: If yes, give war or dates of service	SECURITY NO.	17. INFORMANT	Evans 662	7 Bush	SS LY ST. IVERVAL BETWEE
write the causes	(This does not heart failure, a	DR CONDITION DIRECT ADING TO DEATH t mean the mode of dying, asthenia, etc. It means the di aplication which caused d	IV.	Cinomal Gen?)	ini (G. I. T		NSET AND DEAT
Physicians: please w	DISEASES OF RISE TO THE UNDERLYING	R CONDITIONS, IF ANY, GABOVE CAUSE (A) STATING CONDITION LAST.	THE DUE TO				
Physiciar	TO THE DE	II ICANT CONDITIONS CONTR ATH BUT NOT RELATED ONDITION CAUSING IT.	TO THE	-			
	19A. DATE OF O	3 WAS PEF	NOTION FOR WHICH OF		IF OPERATION WAS RECAUSE OF DEATH. EPART I OR PART II	ENTER IN Y	O. AUTOPSY?
important.	OR CONTRIBUT	WAS UNDERLYING All ING CAUSE OF MEDICAL EXAMINER)	21B. PLACE OF INJURY (bout home, farm, factory, street, office	e.g., in nr 21C. WH bldg.,etc.) INJURY	OCCUR?	re City, give e	exact location)
y in	21D TIME (Mon OF INJURY	th) (Day) (Year) (Hour)	21E. INJURY OCCURRI		W DID INJURY OCCUP	₹7	

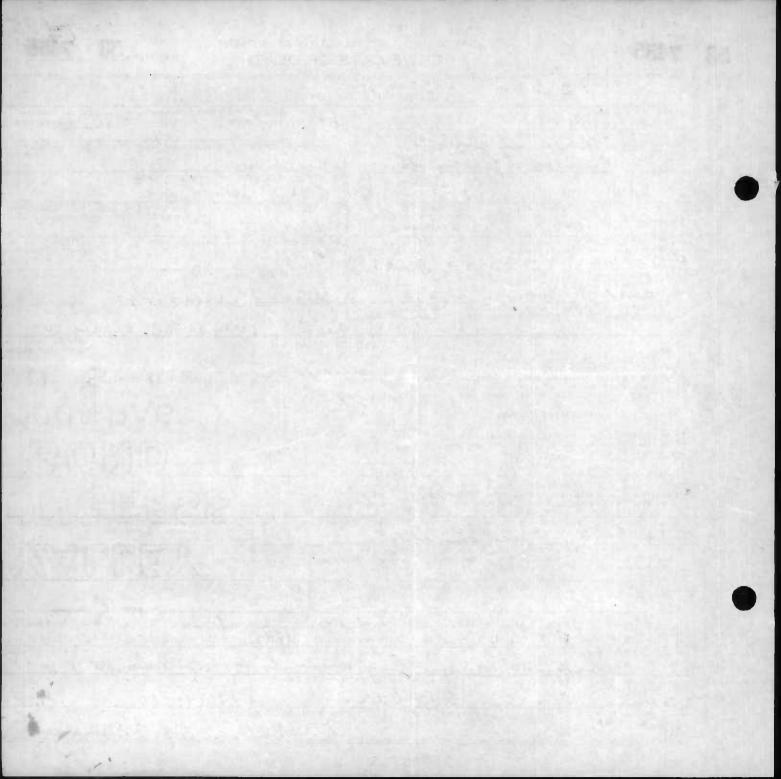
WORK AT WORK 22. I hereby certify that I attended the deceased from \$8-11-5-3 deceased alive on 7-19 23A. SIGNATURE

, to \$ - 20-53, 19, that I last saw the 19. 1953, and that death occurred at 3:45 Am., from the causes and on the date stated above. 23c. DATE SIGNED

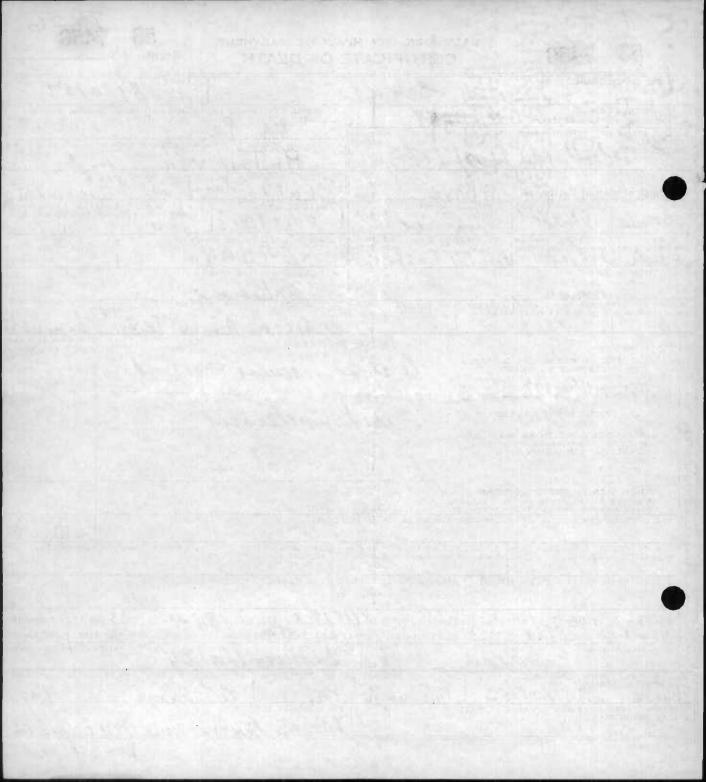
BURIAL, CREMA-REMOVAL (Specify) DATE 24c. NAME OF CEMET

25. FUNERAL DIRECTOR ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR VS 150



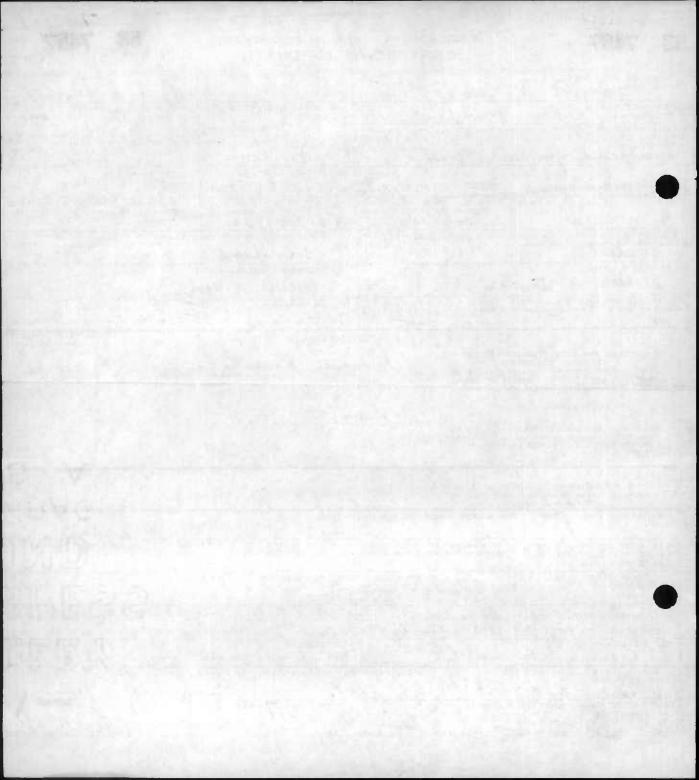
BALTIMORE CITY HEALTH DEPARTMENT 7486 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Schultz (Type or Print) JOSEP OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural give location) Mos. ngth of stay in Baltimore Days IAMOND STE 6. COLOR OR RACE 5. SEX MARRIED AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. 9. AGE (In years WIDOWED, DIVORCED (Specify) mance 10A. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. NTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Interocleroris ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICAL VES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 8/19 _, 1955, that I last saw the deceased alive on 8/20, 1953, and that death occurred at 1.450m. from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE Burize DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL LOCAL REGISTRAR AULVS 150 DUCK BALTO. 6. MD



BALTIMORE CITY HEALTH DEPARTMENT

00	

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Robert H- Comer DEATH Chig, 20, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, Vinstitution: residence Many Land A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION marcy Yrs. D. STREET ADDRESS (If rural, give location) Mos. Third gth of stay in Baltimore 1-Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH II Under 1 Year 9. AGE (In years) WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. feb. 20. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Student maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME R 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL 17. INFORMANT ADDRESS (Yes, nn nr unknnwn) (If yes, give war na SECURITY NO. Watter Comer 314 & Third ST. Frederick INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 2 mog. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, OUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in nr 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from ang. 15 1953, to ang. 20 , 1953, that I last saw the deceased alive on ang. 20, 1953, and that death occurred at 1:56 P.m., from the causes and on the date stated above, 23A. SIGNATURE 23s. ADDRESS B. Castillo Valeriana mamland general M. O. 24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TYON, REMOVAL (Specify) 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE' ADDRESS/ LOCAL REGISTRAR VS 150



AB-191238 10-620

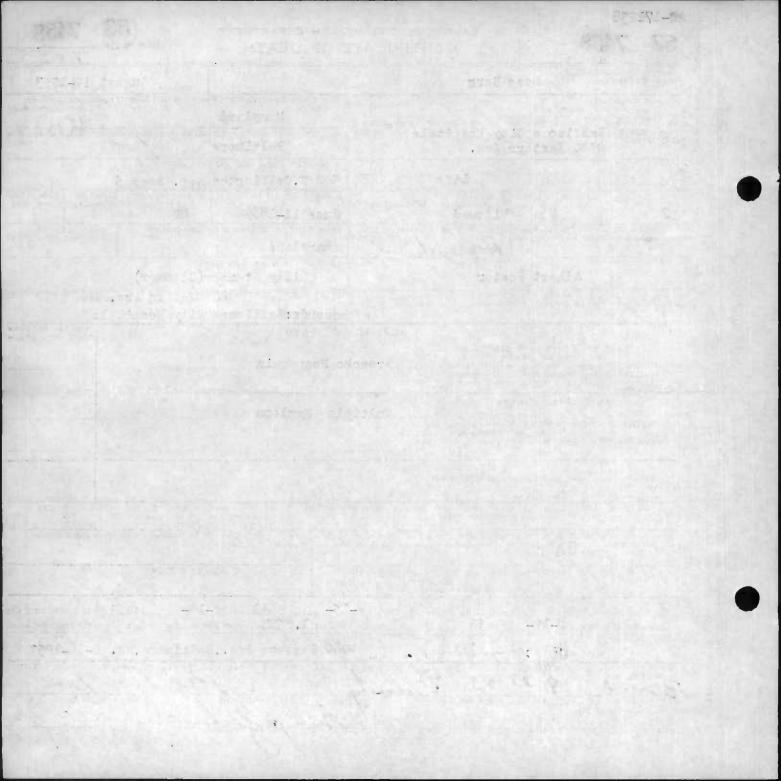
VS 150

	~	-0		And the property
MENT		53	74	38
H	Registere	d No.	911	20
	2. DATE		17	20
	OF Aug	ust	19-19	53
ENCE (W	here deceased lived.	If insti		
yland	B. COUNTY		before	admission)
(If c	utalde corporate li	mlts, wr	ite RURA	L and give
timore	/-	0	_3	township)
	ural, give location)		,	
ington	Ave. zone			
н 39	9. AGE (In years last birthday)	if linder Months	Days Ho	Under 24 Heurs ours Min.
	eign country)	112	CITIZEN	OF
01 101	c.gii countif j	12.		OUNTRY?
AIDEN NA				
stermen	r(Stemmer)			
4940	Eastern Av	CODDR	ESS	0
timore	City Hospi	tals		
			INTERVAL	BETWEEN ND DEATH
		7.5	ONSE! A	AD DEATH
·	*****************************		***********	****************
		100		
	*************************		*****************	
		1 3		
•••••••				
CAUSE OF			20. AUT	
PART I OF			YES X	no L
CCUR?	Datelinote Of	-7, 814C	CRACT 201	,
DID IN II	JRY OCCUR?			
ונאו מום	JAT OCCURT			
	-19- , 19			
., from th	e causes and or			
Ave.,E	Baltimore, M		-19-1	953
240. LO	CATION (City, to	wn, or c	ounty)	(State)
1	Dallo	-	me	1.
RECTOR	1 1	AD	DRESS	0
Tail	n cla	-9	63	8.

Maryland

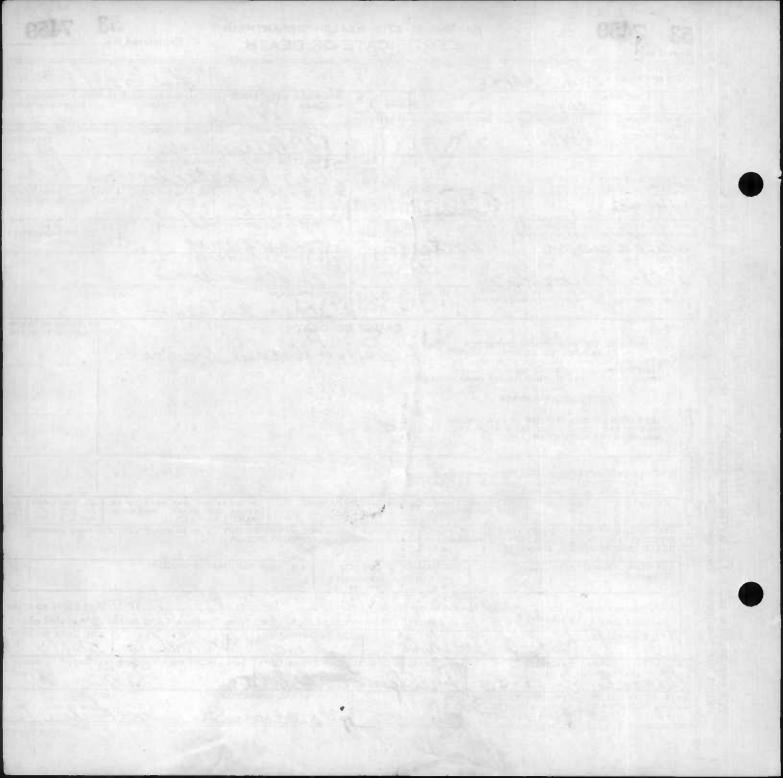
Baltimore

153. to_



The	-		HEALTH DEPARTMEN	NT 53 Registered No.	7459
	1.	NAME OF DECEASED (Type or Print) Louis Wise		2. DATE 8/2	0/53
carefully supplied.	B. HO	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address) OSPITAL OR local lo	A. STATE	(If outside corporate limits, w	before admission)
		Length of stay in Baltimore	Yrs. D. STREET ADDRESS Mos- Days 9627	(If rural, give location) estertour	w Rd
		M 6. COLOR OR RACE 7. SMGLE, MARRIED, WIDOWED DIVORCED (S		last birthday) Months	r 1 Year H Under 24 Hours B Days Hours Min.
tion shoul	work	DA. USUAL OCCUPATION Give kind of kind of kind of Business of Morking life, even if retired lindu		vies	CITIZEN OF WHAT COUNTRY
BINDING of information uses of death cle	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY	Mot Rue	ADDR.	RESS
ERVED FOR K. Every item se write the cau	7	DISEASE OR CONDITION DIRECTLY	ebral Vascular	Accident	INTERVAL BETWEEN ONSET AND DEATH
75	FICATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			
MARGIN INFADING	CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<u>.</u>	
H	AL C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	CAUSI	PERATION WAS RELATED TO E OF DEATH, ENTER IN T I OR PART II	20. AUTOPSY?
0	MEDIC	DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC OF INJURY	et,office bldg.,etc.) INJURY OCCUI	INJURY OCCUR?	e exact location)
RITE PLAINLY,		22. I hereby certify that I attended the deceased from	7/30 ,195 3, to occurred at 6:20 Am., fro	m the causes and on the	hat I last saw the date stated above
PLEASE WRITE correct age is esp	2.	AA/BURIAL, CREMA-) 24B. DATE V24C. NAME OF CE ON REMOVAL (Spority)		D. LOCATION (City down, or	county) (State)
PLE.		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	Mack sever	OR 2100 6	utan /

VS 150



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

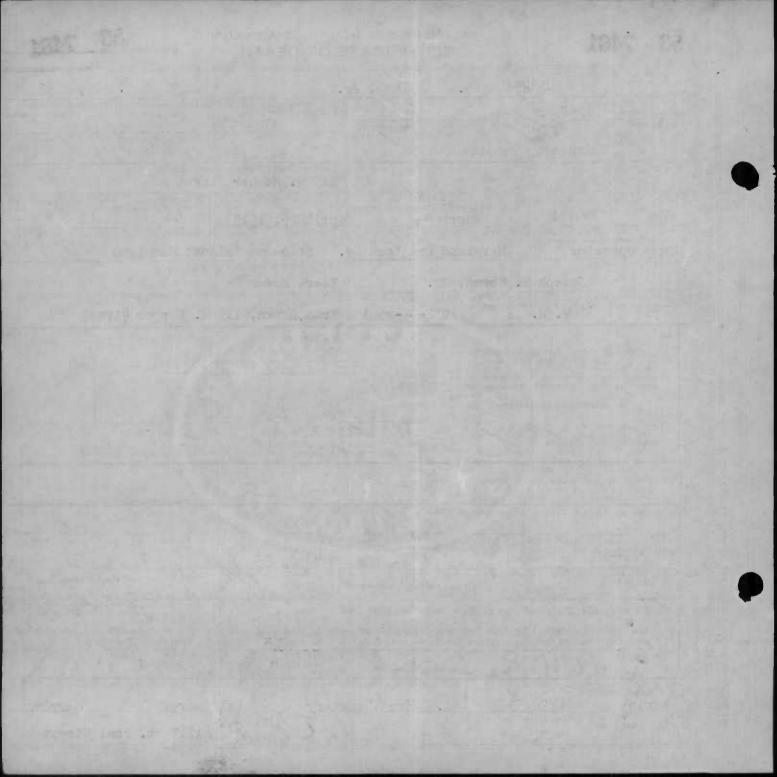
PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. MYBCIN BEZEKAED LOB BINDING

The

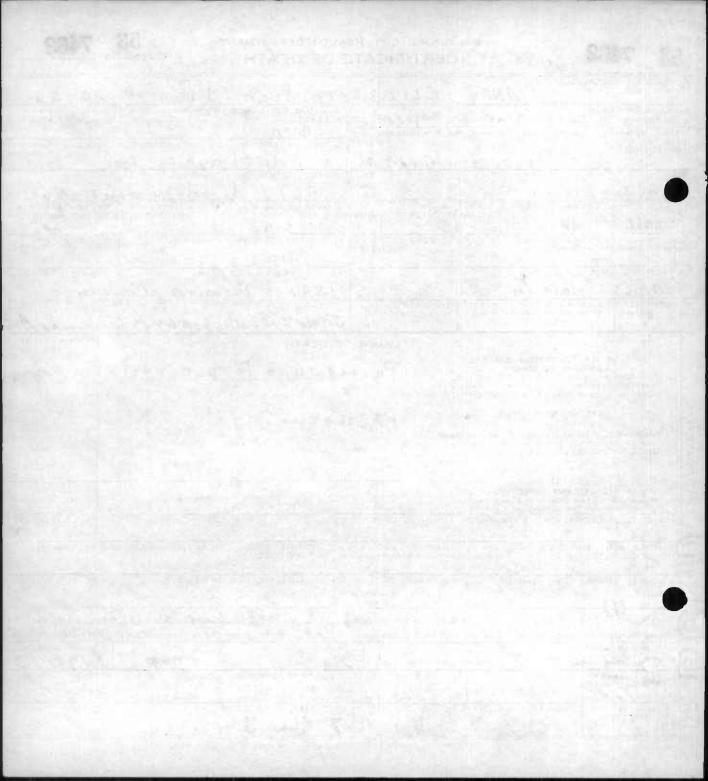
								BIRTH NO.
	2. DATE					EO		I. NAME OF
titution : residence	OEATH here deceased lived, If ins	AL RESIDENCE IN	4. USU	1				3. PLACE OF
before admission)	B. COUNTY		A. STAT	ion, give street address or		Control of the Contro	City, B	a. Baltimore
rite RURAL and give township)	outside corporate limits, w	tl) NWOT 90	c. CITY	on, give server bucation)		angeoa a: 10a 11)		FULL NAME HOSPITAL OR INSTITUTION
	ural, give location)	EET AODRESS (If	o. STRE	Yrs. Mos. Daya	Pulatikan di selemum Pilatikan di selemum	Baltimore	stay in	c. Length of
of Peat Hunder 21 hours at 11 ays Hours Min.	9. AGE (in years list last hirthday) Month	OF BIRTH	8. DATE	MARRIED, EO, OIVORCED (Specify)		OR OR RACE	6.00	5. SEX
CITIZEN OF WHAT COUNTRY	reign country) 1.2	THPLACE (State of fo	TRIS .II	OF BUSINESS OR INDUSTRY	109, KIND	ON (Girekindof the birde in the seven (fretirai)	CCUPAT	DA. USUAL C
	ME	HER'S MAIDEN NA	14. MOT		-174333		NAME	13. FATHER S
KESS	ADD.	ORMANT		16, SOCIAL SECURITY NO.	FUNCES! of service)	IN U. S. ARMED	SED EVER	15. WAS DECEA
	result desc h	2, 866, Z. 2003 2000 - 40000	5	G (B)	ES ANY, GIVIN STATING TR	cation which or EDENT CAUSI ONDITIONS, IF VE CAUSE (A) : CONDITION LAS	ANTEC	
					ELATED TO	II VECNITIONS SUT NOT R INTOR CAUSING	E DEATH	MT OT
20 AUTOPSY1	TON WAS RELATED TO F DEATH, ENTER IN R PART II	CAUSE D	ERATION	TION FOR WHICH OP	a. CONDI		OF OPE	19A. OATE
e exact location)	If in Haltimore City, giv	21c. WHERE OID (INJURY OCCUR?	g, ia or	PLACE OF INJURY (encome, farm, inches, office)	about	AS UNDERLYIF CAUSE OF DICAL EXAMINER	IBUTING	DEATH IN
	URY OCCUR?	EIF. HOW OID INJ	1 1 3	WHILE AT NOT WHILE WORK WORK	Rour) 2	(Day) (Year)		210. TIME OF INJURY
	e causes and on the							
23c. OATE SIGNED			3B. AODE		-	and of ou		23A. SIGN.
county) (state)	DCATION (City, town, or	EMATORY 24D. LC	RY OR CR	eac. Name of Cemeter		the state of the same of the s	CREMA- (Specify)	ZAA. BURIAL.
DDRESS	A	IERAL DIRECTOR	25. FUN	RE	SIGNATU	REGISTRAR'S		DATE RECEIV

BINDING

MARGIN RESERVED FOR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE MARY ELIZABETH OF 20-53 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 2025 W. FAYETTE ST A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township DITAL ALTIMORE (If rural, give location) Mos. Wood mon gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | Months: Days WIDOWED, DIVORCED (Specify) Hours! Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10s. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES JAMES JOSEPH K 15. WAS DECEASED EVER IN U. S. ARMED FORCES? VERONICA 16. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. JAMES V. 3 WOODMON CAUSE OF DEATH 62.5 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES PREMATURITY RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, 21s. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE! AT WORK WORK 1953 to any, 20, 1953, that I last saw the 22. I hereby certify that I attended the deceased from a. , 1953, and that death occurred at 9 deceased alive on Cina m., from the causes and on the date stated above. 23A. SIGNATURE 23a. ADDRESS 23c. DATE SIGNED 24A. BURIAL, GREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Busiel DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH AUg. 19, 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARVLAN HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Mos. igth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months: Days | Hours | Min. 9. AGE (In years) MARRIED 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR CE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. 2011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO myreardial deco ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONcaravary throwbasis 1948. TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 19 53 and that death occurred at 7. m., from the causes and on the date stated above. deceased alive on_ 23A, SIGNATURE 24A. BYMAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

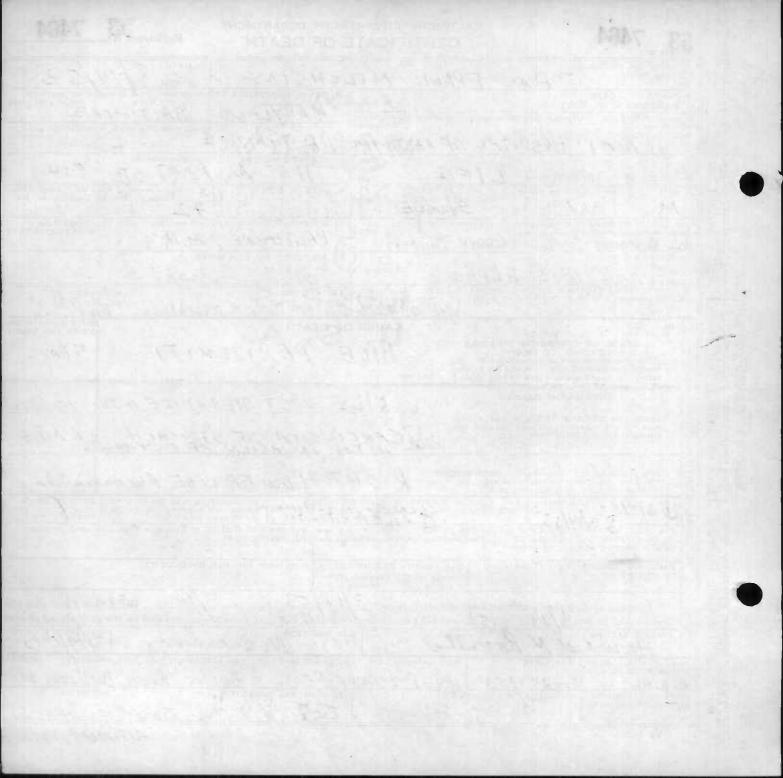
REGISTRAR'S SIGNATURE

Jurbuston

BALTIMORE, Md.

396/

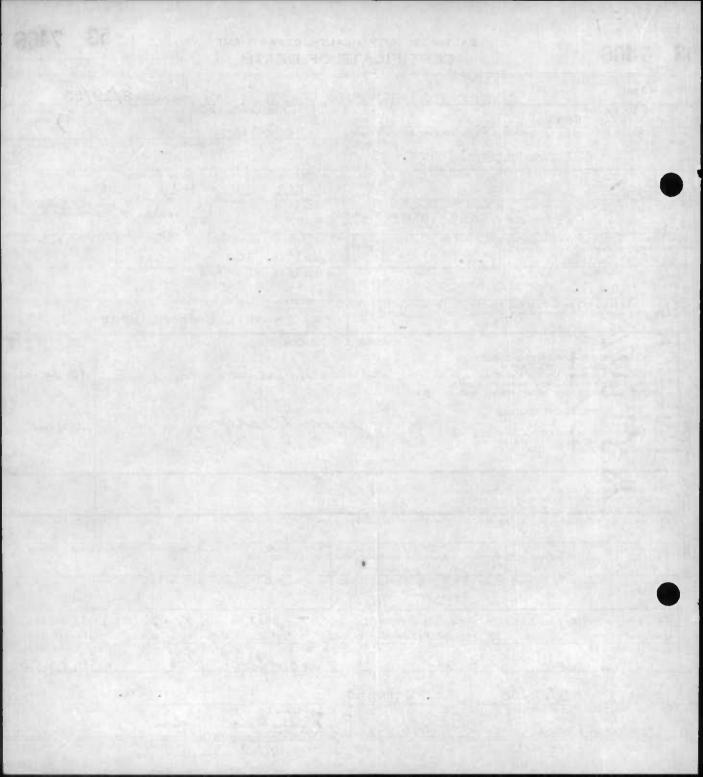
M-H2-H 53 7464 BIRTH NO.	BALTIMORE CITY HEALTH CERTIFICATE OF		Registered No.	7464
(Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland	FRANK MILCH 4. US A. S. r institution, give street address or	HLING BUAL RESIDENCE (When	DATE OF SIGNATURE	before admission
SINAL HOSPIT	AL OF BALTO-INC B.	ALTIMORE	side corporate limits, wri	te RURAL and give township
5. SEX 6. COLOR OR RACE 7 10A. USUAL OCCUPATION (Givekindof) 1	SE KIND OF BUSINESS OR 11. B	TE OF BIRTH 9 RTHPLACE (State or foreign		Days Hours Min.
Holy Redeemer Cem. 18. FATHER'S NAME FRANK MILCH	Ling	ALTIMORE, O OTHER'S MAIDEN NAME MARU V	4,0,	WHAT COUNTRY
18. / 5/ X	218 01 -6186 Broto CAUSE OF D	VERY JOHN A. MILEATH	chling Mon	
(This does not mean the mode of cheart failure, asthenia, etc. It means injury or complication which cause	ying, e.g., (A) BILE the disease, ed death.) DUE TO	PERITON		5 DAYS
ANTEGEDENT CAUSES Z O DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST	NY, GIVING	OUCT OPERA		y 15 day
O THER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT	ENTRIBUTING RIGHT	LOW ER LO	BE PNEMON	1115 days
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	S PERFORMED ARCHARDS 218. PLAS OF INJURY (e. g., in about bome, farm, factory, street, office bldg., etc.	PART I OR I	PART II	YES NO
OF INJURY	m. WHILE AT NOT WHILE	21F. HOW DID INJUR	110 52	at I last saw th
22. I hereby certify that I attended a live on 8/19 23A. SIGNATURE 23A. SIGNATURE DON BENGVAL (Specify) 24A. BURIAL, CREMA-1 24B. DATE TION REMOVAL (Specify)	1953, and that death occurred at sently M.D. 103	POPRESS N. Brood	causes and on the di	1955
deceased alive on 8/9 23A. SIGNATURE 10 DE 10	3 HOLY Redeemer C	UNERAL DIRECTOR	r Road, Ba	Time Md. DRESS Living SI
Ws 150	9707	4	BALTIM	ne, Md.



6	3-651						
BI	53 7465	BALTIMORE CITY HE CERTIFICATI		Registered No.	7465		
1. (T	1. NAME OF DECEASED PAUL GREEN BLATT 2. DATE OF DEATH 8-20-53						
	PLACE OF DEATH: Baltimore City, Maryland	J/VV J	4. USUAL RESIDENCE (Wh	ere deceased lived. If insti-	tution : residence bafore admission)		
H	FULL NAME OF (If not in hospital or in position of its property)	institution, give street address or location)	c. CITTOR TOWN (If o	utside corporate limits, wr	te RURAL and give township)		
c	ngth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If the	ral, give location)	ave		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months			
Work	A. USUAL OCCUPATION (Give kind of the during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	TI. PATHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?		
	FATHER'S NAME	0 w	14 MOTHER'S MAIDEN NAM	ME 7			
(Yes	. WAS DECEASED EVER W. S. ARMED FOR (I. S. give war or dates of set	CES? 16. SOCIAL SECURITY NO.	17 INFORMANT	coublatt	- Same		
	18. 420. 1		OF DEATH		NTERVAL BETWEEN		
	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy) heart failure, asthenia, etc. It means the injury or complication which caused	ng, e.g., (A)	te Myocardis	ed faction	2 days		
	ANTECEDENT CAUSES	Cas	Them-	100	>		
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.	C. GIVING (B)			•		
CERTIFI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED					
	19a. DATE OF OPERATION 19B. N	AAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
MEDICAL		1B. PLACE OF INJURY (e. g., i. at home, farm, factory, street, office bldg.,		in Baltimore City, give	7-		
2	21D. TIME (Month) (Day) (Year) (Houselin Jury)	m. WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?			
	22. I hereby certify that I attended the deceased from 8-20, 1953, to 8-20, 1953, that I last saw deceased alive on 8-20, 1953, and that death occurred at m., from the causes and on the date stated about						
	Starley Pote	inbach M.D.	3334 Dolle	Il and 18	-2/-53		
244 BURIAL, CREMA- 248. DATE 246/NAME OF CEMETERY OF CREMATORY 248. LOCATION (City, Joyn, or county); (State)							
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR 200 DUTIES							
	VS 150	0	49068				

Mar Dochald and

N-151	BALTIMORE CITY HI	EALTH DEPARTMENT	5	3 7466		
13 7466 BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.			
1. NAME OF DECEASED (Type or Print) (CH.O.	PENBERGER	2. DATE OF DEATH 8Z19	. 1			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	titution: residence		
B. FULL NAME OF (If not in hospital or i	nstitution, give street address or location)		17-	10		
institution 621 Springf	Baltimore		rite RURAL and give township			
congth of stay in Baltimore	b. STREET ADDRESS (If rural, give location) 621 Springfield Avenue					
5. SEX 6. COLOR OR RACE 7. S	1885	9. AGE (In years last birthday) Month	s Days Hours Min.			
work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY				
Packing clerk F	.X.Ganter Co	Balto. Co.				
Jas. C. Noppenbe		Mary A. McGee				
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of ser	17. INFORMANT ADDRESS Miss Loretta Noppenberger					
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABDVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	CTLY ng, e.g., disease, death.) DUE TD (B) GIVING	ele fuermon nona Flarys	ig.	10 Juys		
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT I TO THE DISEASE OR CONDITION CAUS	RELATED					
	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
CAUSE OF DEATH				exact location)		
21D. TIME (Month) (Day) (Year) (House INJURY	OCCUR?					
m. WHILE AT NOT WHILE						
22. I hereby certify that I attende	d the deceased from	8/14 1953, to	8/19,1953	hat I last saw th		
deceased alive on, 19		rred at 10 pm., from th	e causes and on the	date stated above		
23A. SIGNATURE	2	3B. ADDRESS	RA 2	O DATE SIGNED		
24a. BURIAL, CREMA-24BLDATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
Burial 8/22/53 St. Josephs Balto. Co.						
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. EMBERAL DIRECTOR ADDRESS						
VS 150 690,99 GREENMOUNT AVE & 22ND						

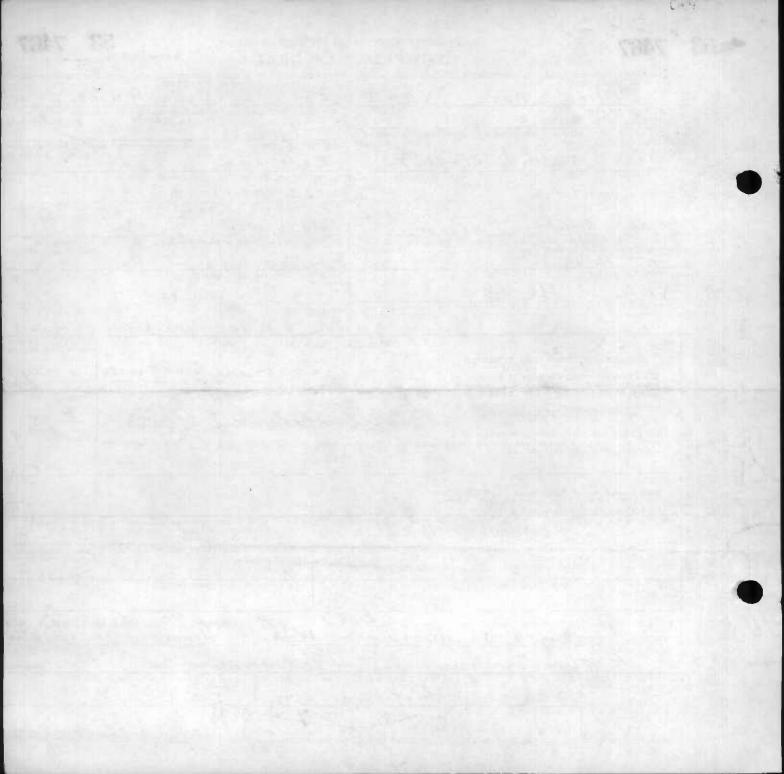


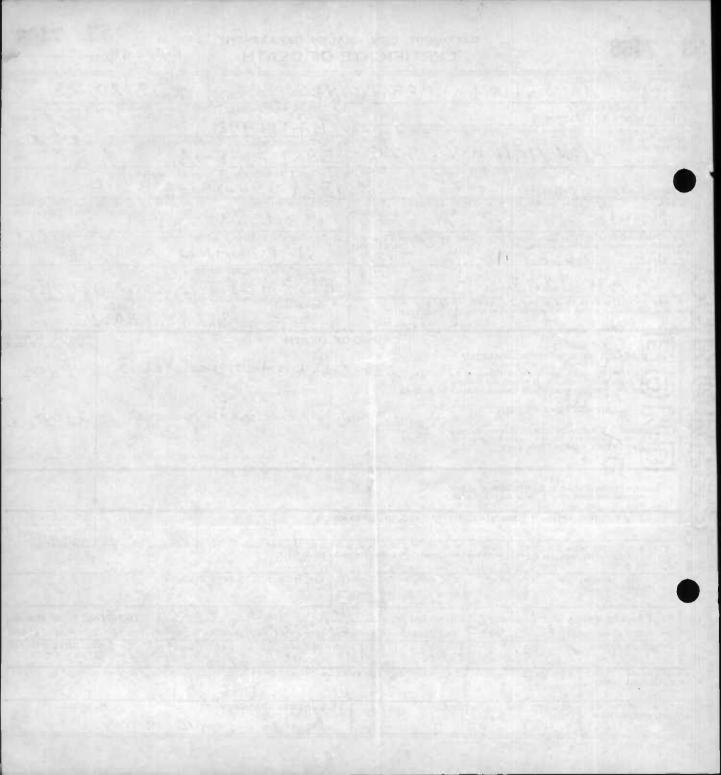
MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7467

	1.	NAME OF DECEASED	2. DATE				
ed.		Type or Print) Amelia Rose Van Re					
supplied		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
ins	В.	FULL NAME OF (If not in hospital or institution, give street address or					
- 11		OSPITAL OR location)	C. CITY OR TOWN (If outside corporate Himits, write RUIAL and give township)				
ful ly.	5230 HARI-ORD Rd.		Baltimore				
carefu legibly.	Yrs. Mos.		D. STREET ADDRESS (If rural, give location) 5230 Harford Road				
l le	E. Length of stay in Baltimore Days		8. DATE OF BIRTH 19. AGE (In years) If Under 1 If Under 24 Hours				
should be carefully arly and legibly.	WIDOWED, DIVORCED (Specify)		last birthday) Months Days Hours Min.				
oul	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
	work done during most of working life, even if retired) INDUSTRY		WHAT COUNTRY?				
ion cl	13	AT HOME	Swilzerland				
rmatic	10	1171	14. MOTHER'S MAIDEN NAME				
de	15	VIIAL HRAND	Kosa NANdLoseR				
information s of death cl	(Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 3/07				
of	-		MR Edward VAN Keuth-Echodale				
	-	18. 420,0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
it it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- 1-2 - Occhien Ida				
Ever		injury or complication which caused death.) DUE TO					
		ANTECEDENT CAUSES	- 1/ 6 2				
INK.	NO	DISEASES OR CONDITIONS, IF ANY, GIVING	reoseliratio Hears 5 yrs.				
	F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Discuss				
UNFADING Physicians:	CA	UNDERLYING CONDITION LAST. (C)					
DI	Ē	П					
FA	RT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
Phy	빙	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
H .	_	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP	PERATION IF OPERATION WAS RELATED TO 20, AUTOPSY?				
WITH rtant.	CA		PART I OR PART II YES NO LE				
W	EDIC	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office it	e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location) bldg., etc.) INJURY OCCUR?				
'X'	DEATH (NOTIFY MEDICAL EXAMINER)						
FE PLAINLY, WITH especially important.		21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY					
AIIs		ni. WHILE AT NOT WHILE AT WORK AT WORK					
PI	22. I hereby certify that I attended the deceased from Oco 1 , 1943, to leng vo , 1953, that I last saw the						
resp esp		deceased alive on Que 16, 1953, and that death occur	rred at IVA.m., from the causes and on the date stated above.				
WRITE e is esp			23B. ADDRESS 23C. DATE SIGNED				
		Heorge Nawyer M.D.	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)				
E SE	719	4A. BURIAL, CREMA- 64B. DATE 24C. NAME OF CEMETER	1 ()				
orrect		Burial 8-22-53 Tarkwood					
PLEASE		OCAL REGISTRAR REGISTRAR'S SIGNATURE	25 SUNDRAL DIRECTOR ADDRESS				
H 0		AUG 21993 ++ + 7/141. WA MO	Leonard & Kuck 5305 Harford				
	-	VS 150					





The

BALTIMORE CITY HEALTH DEPARTMENT

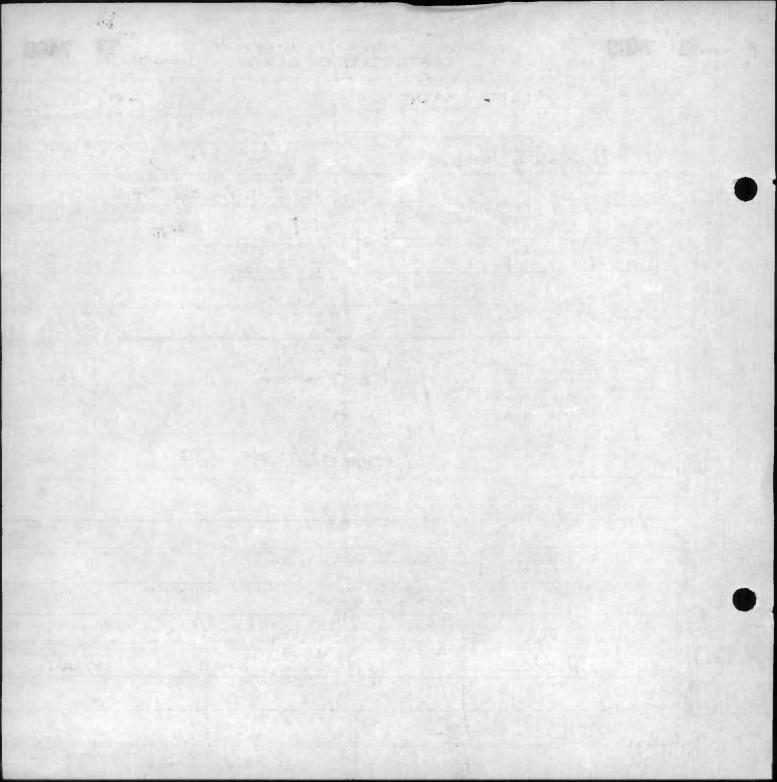
Registered No. 7469

BIRTH NO.		CERTIFICAT	E OF DEA	TH	Registered No_	7300
1. NAME OF DECEASED (Type or Print)	LLIE V	NADE		2.	DATE OF 8/20/	53
3. PLACE OF DEATH: A. Baltimore City, Maryland			A. STATE	IDENCE (Where	e deceased lived, If insti	tution: residence before admission)
B. FULL NAME OF (If not in h HOSPITAL OR INSTITUTION	L Hos	ation, give street address or location)	c. CITY OR TO	WN (If outs	ide orriorate limits, wr	RAL and give township
c. Length of stay in Baltimor	re	Yrs. Mos. Days		h. Pari		
5. SEX 6. COLOR OR RA	ACE 7. SINGL	E. MARRIED WED, DIVORCED (Specify)	8. DATE OF BIF	RTH 9.	AGE (In years Under last birthday) Months	
10A. USUAL OCCUPATION (Give k york done shring most of working life, even if re	ind of 10B, KIN tired)	D OF BUSINESS OR INDUSTRY	11. EIRTHPLAC	E (State or foreig	n country) 12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	la d	0	14. MOTHER'S	MAIDEN NAME	310-150	211.
15. WAS DECEASED EVER IN U. S. A (Yes, no or unknown) (If yes, give war o	RMED FORCES? r dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	(1) C. d	ADDR ADDR	ESS 1225
DISEASE OR CONDITION (This does not mean the me heart failure, asthenia, etc. It injury or complication whi ANTECEDENT CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OF THE ABOVE CAUSE OF THE AB	DEATH ide of dying, e. means the disea ch caused deat AUSES IS, IF ANY, GIVI (A) STATING T	g., (A)	of DEATH Typemi	demitit		NTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDIT. TO THE DEATH BUT N. OISEASE OR CONDITION CAU	OT RELATEO T				•	
194. DATE OF OPERATION		OTTION FOR WHICH OF	PERATION		DEATH, ENTER IN	20. AUTOPSY?
OR CONTRIBUTING CAUSE DEATH (NOTIFY MEDICAL EXA	E OF abou	B. PLACE OF INJURY (t home, farm, factory, street, office	e. g., in or bldg.,etc.) 21C. WF INJURY	HERE DID (If in		e exact location)
21D TIME (Month) (Day) (YOF INJURY	ear) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHI	LE	א סום אוראז מום W	OCCUR?	
22. I hereby certify that I deceased alive on 8/2	attended the	e deceased from 8 , and that death occur	11 19 rred at 205 A	53, to 8/2 m., from the c	auses and on the d	at I last saw thate stated above
23A. SIGNATURE N. W.	lin	м. D.	38. ADDRESS	Hosp.	8	20/53
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	31 53	24c. NAME OF CEMETE	LY OR CREMATOR	24b. LOCA	TION (City, town, or c	ounty) (State)
DATE RECEIVED BY REGISTRA	RAR'S SIGNAT	Velliance Age	25 FUNERAL D	RECTOR 9	AD	DRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

MARGIN RESERVED FOR BINDING



The

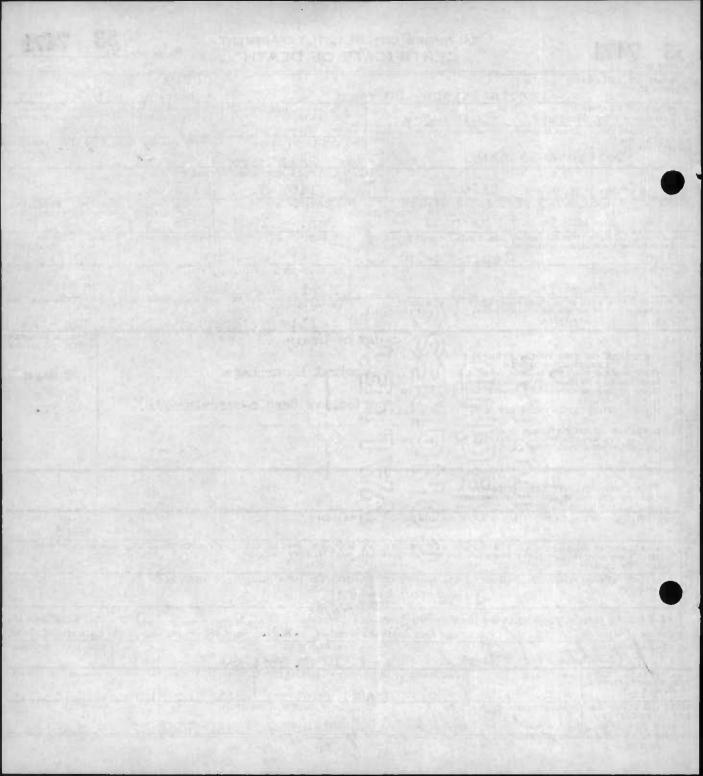
33 B	747	0		CERTIFICAT	E OF DEAT	Н	Registe	red No	74/0
	NAME OF C Type or Print)		LBERT	DUVAL	L	2	OF DEATH	August	20. 1953
	Baltimore			d Gen Hosp.	4. USUAL RESIDI	ENCE (When		ed. If institu	
8. H	FULL NAME OSPITAL OR ISTITUTION	OF f not in hospit		tion, give street address o location	Mar	yland (If outs		2/	e RUNAL and giv
-	11	Maryland Ge	neral			timore			township
14	I awath of a	des in Dell'		Yrs. Mos.	D. STREET ADDRE				
	. SEX	tay in Baltimore	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	6 Mt. Ro		ars K Under 1	Year If Under 24 flours
-	Male	White	widov mai	WED DIVORCED (Specify	May 21,192	1	32 birthday	y) Months I	Days Hours Min.
sh	eetrock		10B. KINI	Barnes Co.		ina		12. C u. 3	ITIZEN OF VHAT COUNTRY
1	Ephriam	Duvall			Mae O'De				
(Ye	5. WAS DECEAS 10. 10 or unknown) Yes	ED EVER IN U.S. ARMEI (If yes, give war or date W.W. 2	FORCES? s of service)	16. SOCIAL SECURITY NO.	Calvert Duv	all 115	N. Mil	ton Ave	55
RTIFICATION	DISEASE RISE TO UNDERL	LEADING TO DEA s not mean the mode of are, asthenia, etc. It ment complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II GIGNIFICANT CONDITION TO THE DEATH, BUT	of dying, e. ins the disea caused deat SES FANY, GIVI STATING T	(B)	hot wound of lving heart, massive peri	liver,	and int	estines	3
L CE	TO THE D	ISEASE OR CONDITION	CAUSING		RATION				20. AUTOPSY?
MEDICAL	21D. TIME OF INJURY	NAL CAUSE WAS GA OR CONTRIB- CAUSE OF DEATH (Month) (Day) (Year) 20, 1953 4:0	Home (Hour)	ACE OF INJURY (e.g., farm, factory, street, office bldg., e.g., coutside) 2 1E. INJURY OCCURF WHILE AT NOT WHILE AT WORK	2026 Mt.	R7 Royal	Terrace	City, give ex	act location)
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes \(\Bar{\cup} \), accident \(\Bar{\cup} \), suicide \(\Bar{\cup} \), homicide \(\Bar{\cup} \), undetermined							rmined [].		
24 Tio	23A. SIGNA 4A. BURIAL. (S DN. REMOVAL (S Removal (S	MAL 24B MATE	953	24c. NAME OF CEMETE Mt. Olive		DICAL EXAL	TION (City,	Aug. 2	21, 1953 nty) (State)
DA	ATE RECEIVE DCAL REGIST	D BY REGISTRAR'			Schamunek u	ecror neral Ho	ome	ADDA	
V	S 151 /	862.4		6903	'2601-03-05 E	. Madls	n -tre	et.,	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

. The state of the Blic att. The There

53 7 BIRTH NO.	471		CERTIFICATI	E OF DEATH	Registered	No	7471
	DECEASED Fran	cis Ani	thony Koerne	ar.	2. DATE OF DEATH Aller	nat 2	0 1053
3. PLACE OF			timore	4. USUAL RESIDENCE (\		f institution	
B. FULL NA	ME OF (If not in hosp		ion, give street address or	Maryland		6	*)
HOSPITAL C	Doctor's Ho	anital	location)		f outside corporave limi	its, Vrit I	RURAL and give township)
	DOC GOT S 110	sproar	Yrs.	Baltimore D. STREET ADDRESS (If	rural, give location)		
	f stay in Baltimore	Life	Mos. Days	1207 S. Cha			
male	6.COLOR OR RACE		E, MARRIED. PED, DIVORCED (Specify)	8. DATE OF BIRTH Jan. 24, 1903	9. AGE (In years last birthday) M	If Under 1 Yea Ionths Dn	ys Hours Min.
	OCCUPATION (Give kind of the state of working life, even if retired		OF BUSINESS OR	11. BIRTHPLACE (State or f			TIZEN OF
Baker		1-	Heying Co.	Baltimore N		U.	S.A.
13. FATHER	SNAME			14. MOTHER'S MAIDEN N	AME		
	ge Koerner			Marie Vorath			
15. WAS DECI	EASED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	, , , , , , , , , , , , , , , , , , ,	ADDRESS	>
no	none			Nellie N. Koe	erner 1207	S. C	harlesS!
DISEA RISE T UNDE.	does not mean the mode ailure, asthenia, etc. It me or complication which ANTECEDENT CAUSES OR CONDITIONS, O THE ABOVE CAUSE (ARLYING CONDITION 1 IR SIGNIFICANT CONDITION TO THE OBTAIN BUT E OISEASE OR CONDITION TO THE OBTAIN BUT E OISEASE OR CONDITION	ans the discase caused death. SES IF ANY, GIVIN () STATING THAST. DITIONS CONFINED THAST.	(B)(C)	ebral Hemorrhage			1 yr.
19A. DAT	E OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20 YE	AUTOPSY?
CAUSE O	reby certify that I a. d. alive on . 8/20/5. NATURE L. GREMA- 24B. DATE L (Specify)	sbout home, for the control of the c	and that death occur	18/53 , 19 , to red at 5. A.Mm., from to 102 E. Fort Ave RY or CREMATORY 240. L	, 19	, that . the date 23c.	I last saw the stated above. DATE SIGNED
DATE RECEI	VED BY REGISTRA	SIGNATU		Cemetery Rit. 25. FUNERAL DIRECTOR KRAUSE FUNERA		ADDRE	harles
VS 150			500 44	472			

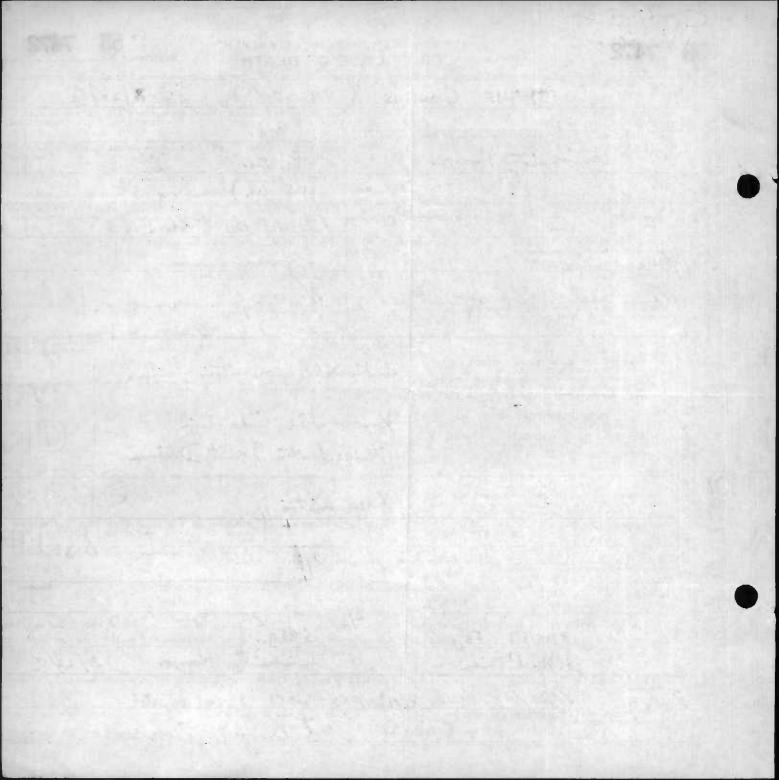


MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

53 7472

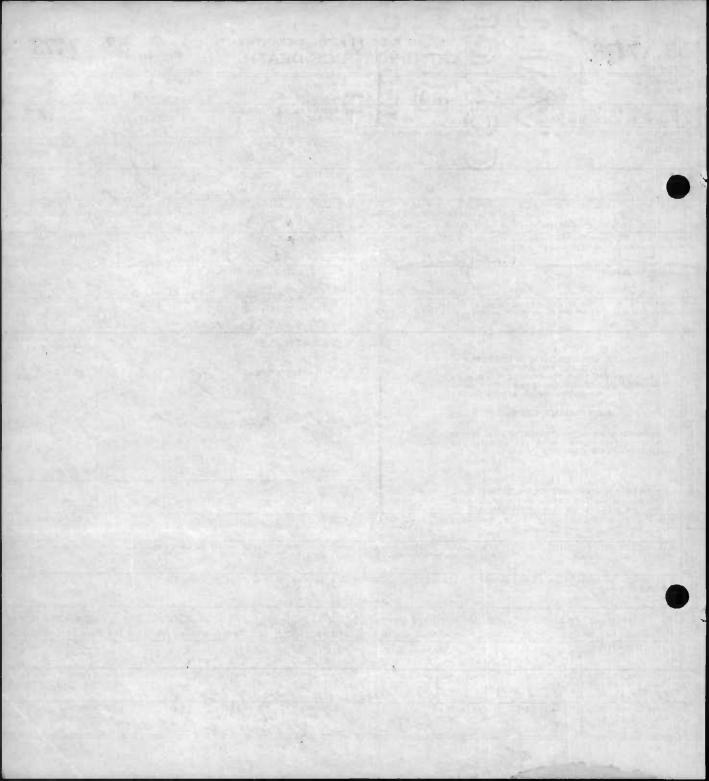
811	RTH NO.	CERTIFICATE	OF DEATH	Registered No	
	NAME OF DECEASED MINNIE	COLLINS. (WILSON.)	OF DEATH	153
Α.	PLACE OF DEATH: Baltimore City, Maryland		A. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution : residence before admission
HO	FULL NAME OF (If not in hospital or instruction) University	itution, give street address or location)	c. CITY OR TOWN (1)	f outside corporate limits,	write RURAL and give township
2	Length of stay in Baltimore	30 Yrs. Mos. Days	D. STREET ADDRESS	rural, give location)	
5.	F 6. COLOR OR RACE 7. SING	GLE, MARRIED OWED, DIVERCED (Specify)	12 - 15-03-	/ last hirthday) Mont	nder I Year If Under 24 Hours he Days Hours Min
10.	A. USUAL OCCUPATION (Givekind of done during most of working life, even it retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1		2. CITIZEN OF WHAT COUNTRY
T	Manuel 4 Per	2	14. MOTHER'S MADEN N		
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. NFORMANT	10 114 ADI	DRESS ST
RTIFICATION	LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. Il OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED	VING DUE TO COLUMN (C) DUE TO COLUMN (C)	while information I then	tin + Diim	
L. CE	DISEASE OR CONDITION CAUSING IT.	DITION FOR WHICH OPE		ATION WAS RELATED TO OF OEATH, ENTER IN	20, AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDERLYING 2	21B. PLACE OF INJURY (e. 1) out home, farm, factory, street, office blo	PART I	OR PART II	YES NO Live exact location)
Σ	21D TIME (Month) (Day) (Year) (Hour) OF INJURY	2 IE. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK		JURY OCCUR?	
	22. I hereby certify that I attended to deceased alive on 8 19/53, 19	he deceased from 8/3. A. and that death occurre	19 53 , to	the causes and on the	that I last saw the
			B. ADDRESS		
	23A. SIGNATURE J. W. Weis	M. D.	University)dogs.	8/29/53



5-3/5 BALTIMORE CITY HEALTH DEPARTMENT

52 MAMO

-	IRTH NO.	1/8		CERTIFICAT	E OF DEATH	Registered No.	14/3
1.	NAME OF Type or Print)		. 8	sten	inson	2. DATE OF DEATH 8//	0/2
A.	PLACE OF Baltimore	City, Maryland	611 ld	un wellow ion, give street address or	4. USUAL RESIDENCE	(Where deceased lived/If ins	titution: residence before admission)
H	OSPITAL OR	611 Sen	en w	Ilow Iocation)	C. CITY OR TOWN	(If outside corporate limits, v	write HURAL and give township)
(ngth of	stay in Baltimore		60 Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give logation)	
5	SEX_	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years filled Month	der 1 Year II Under 24 Hours his Days Hours Min.
1C	OA. USUAL O k done during mos	CCUPATION (Give kind of t of working life, even if retired,	hou	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
	FATHER'S	one Va	inde	efort	14. MOTHER'S MAIDEN	Bronso	
15 (Ye	S. WAS DECEA	SED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	SECURITY NO.	17. INFORMANT / Herbon	L 6112	RESS Grella.
	18. 59	X I	DIRECTIV	CAUSE	OF DEATH		INTERVAL BETWEEN
	(This do heart fai	LEADING TO DEA es not mean the mode lure, asthenia, etc. It me r complication which	TH of dying, e. g ans the diseas	e,	llrem	ia	mitle
	injury o	ANTECEDENT CAU		., 502.10	21 . 20 %		
SATION	RISE TO	ES OR CONDITIONS, THE ABOVE CAUSE (A) LYING CONDITION L	STATING TH		my mo		2-305
TIFIC		п		(C)			<u> </u>
CER	TRIBUTII	SIGNIFICANT COND NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.D			
CAL	19A, DATE	OF OPERATION	198, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
IEDIC	21A. ACCID HOMICIDE	DENT. SUICIDE, (Specify)	2 1B. PLA	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	or or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, give	exact location)
2	210. TIME F INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		JRY OCCUR?	
	22. I here	by certify that I at alive on Sick			rred at 9 05 4 m., from	n the causes and on the	that I last saw the date stated above.
	23A. SIGNA	COWE	leng	000 M.D.	238. ADDRESS	orge St 1	23c. DATE SIGNED
E	DURIAL,	1 8/29	153	MT, Aug	UNN CEM A	PALTO -	ML
	ATE RECEIV	TRAR	SSIGNATU	RE;	25. FUNERAL DIRECT	a Tropoca	DDRESS



-	T. 525				
53	7474	BALTIMORE CITY HE CERTIFICATI		Registered No.	7474
-	NAME OF DECEASED //	And the second s			
(T	ype or Print) H	ARVEY JOHNSON		2. DATE OF OUG.	18,1953
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. IVinst B. COUNTY	itution : residence before admission)
H	FULL NAME OF (If not in hos) DISPITAL OR DISTITUTION PROVIDENT	pital or institution, give street address or location) Hospitas	C. CITY OR TOWN (If	outside corporate imit. w	ite RUR L and give township)
	ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (11)	cural, give location	Porh
5	Male Color or RAC		9-20-1886	9. AGE (In years last birthday) Months	T Year H Under 24 Hours Days Hours Min.
WOL	A. USUAL OCCUPATION (Give kind a dope during most of working life eyen if retire Elevator Justice)	of 10B. KIND OF BUSINESS OR INDUSTRY	Forth our land	reign country) 12.	WHAT COUNTRY?
13	FATHER'S NAME GAME	tead Johnson	14. MOTHER'S MAIDEN NA		
15 (Ye	5. WAS DECEASED EVER IN U. S. ARM s, no or unknown) (If yes, give war or d	IED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT POSOLIAL Re	M.S. ADDI	RESS
	DISEASE OR CONDITION (This does not mean the modheart failure, asthenia, etc. It in injury or complication which	N DIRECTLY EATH e of dying, e.g., cans the disease,	lio Ves cular acc	idenf	INTERVAL BETWEEN ONSET AND DEATH
-	ANTECEDENT CA	/14	Ser Tension		
CATION	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION	A) STATING THE DUE TO	<i>+</i>	7	
RTIFIC	11	_(C)	1etioicietosis		
ш	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU	IT NOT RELATED Chame	ic Rheumstrid	arthute	
AL C	19a. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (I.etc.) INJURY OCCUR?	f in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Yes	ar) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
	deceased alive on 3 - 18	ittended the deceased from f., 1953, and that death occur	7, 1963 to 8 rred at 11:05, m., from th	re causes and on the c	hat I last saw the late stated above.
	23A. SIGNATURE	Ol. deyno M.D.	(Invident	Hospital 2	8-19-4-2
2	4A. BURIAL, CREMA- 246 DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town, or	county) (State)

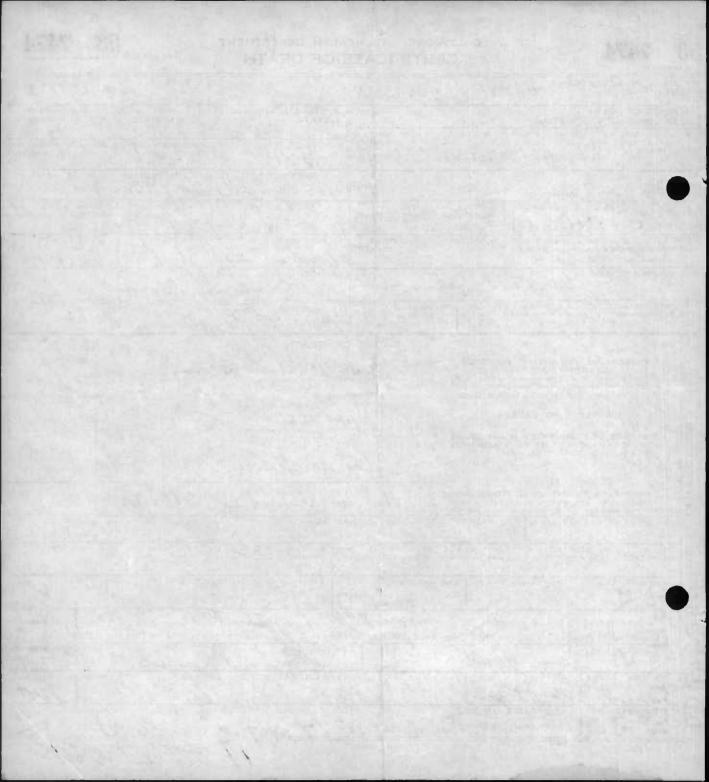
25. FUNERAL DIRECTOR

ADDRESS

VS 150

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



V S 151

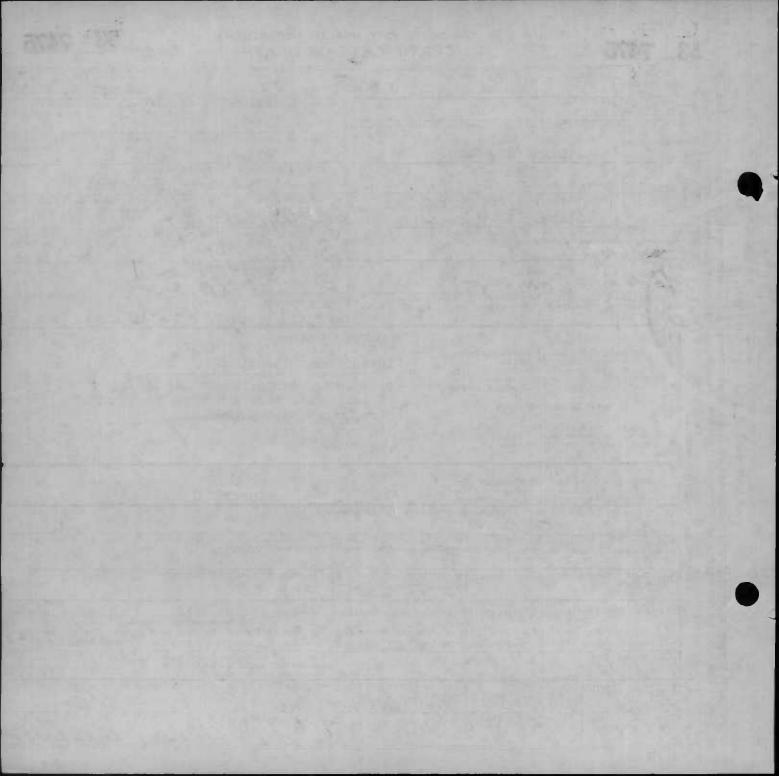
The

	-5	2	1
3	747	5	

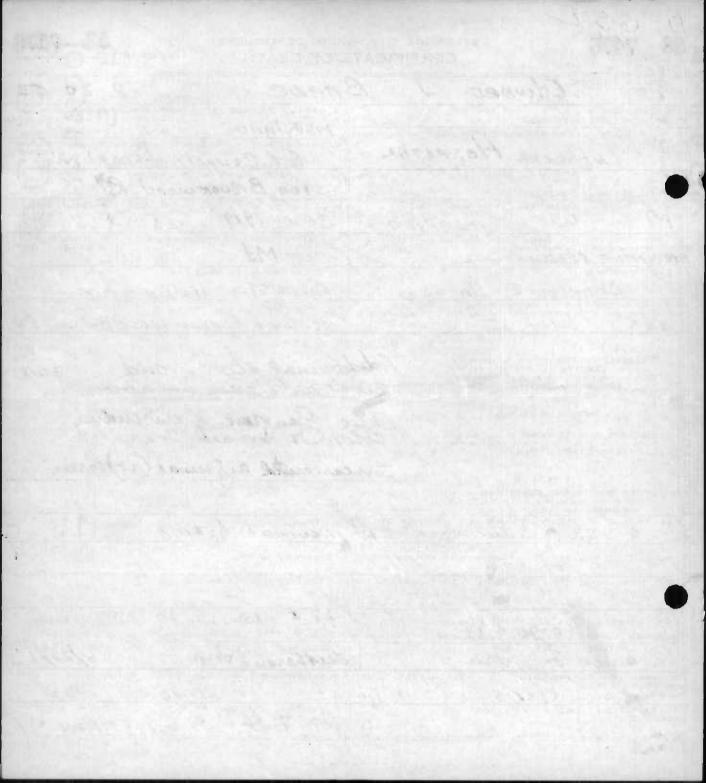
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 7475

	RTH NO.	<u> </u>				
1. (T	NAME OF D		GENE	COMEGYS	2. DATE OF DEATH August 19, 1952	3
	Baltimore	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence as STATE B. COUNTY before admiss	ce
H	FULL NAME OSPITAL OR ISTITUTION	OF f not in hospit	al or instituti	ion, give street address or location)	Maryland c. CITY OR TOWN (If outside Apporate limits, we to KURAL and	
		Baltimore C:	ity Mor	gue	Baltimore town	iship)
100				Yrs.	D. STREET ADDRESS (If rural, give location)	
c.	Length of s	stay in Baltimore		Mos. Days	1825 W. Lexington Street	
	SEX	6. COLOR OR RACE	7. SINGLE			Hours
	Male	Colorea	GIN		0001,2000	Min.
worl	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	F BUSINESS OR INDUSTRY	Barta. Md. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY.	TRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME	
-		20 COM	92 YS		Elizabeth Jones	
(Ye	, no or unknown)	ever IN U. S. ARMEI	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT APDRESS	. 0
	110				AGO. COMERYS 028 W. LEKINEVEY	7
	18. 5 /0	1.3		CAUSE	OF DEATH	WEEN
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	T	line? abatamation	
	(This doe	s not mean the mode of	of dying, e. g	5-1 (A)	tinal obstruction	
	injury or	ure, asthenia, etc. It mea	ns the disease	e,	lus of large intestine with gangrene	
ll I		ANTEGERED OF THE		of lar	ge intestine and cute peritonitis	
		ANTECEDENT CAUS	ES	Atroph	ny of brain	100
Z		S OR CONDITIONS,		IG		-
¥	UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	Megaco	olon	
4				(C)	71011	
F		11				-
ERTIFICATION	TRIBUTING	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D		
បី				FINDINGS OF OPER	ATION 20. AUTOPS	Y ?
		- 7			YES X NO	, 🔲
EDICA	UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.	21B. PLA about home, fa	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location)	
Z	21D. TIME OF INJURY	(Month) (Day) (Year)		VHILE AT NOT WHILE	21F. HOW DID INJURY OCCUR?	
	22 1	f., 11 7 4 7 . 2			have held an Autopsy thereon and f	
	22. 1 eerti	jy that I took char	ge of the	remains described a	bove, held an Autopsy, Inspection or Inquiry thereon and f	rom
	the ev	idence obtained by eath in my opinion	said Auto	psy, Inspection or I rom: natural causes	nquiry, find that said deceased died on the day stated ab E ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.	ove,
	23A. SIGNA		1	21	23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER	
24	A. BURIAL.	CREMA- 24B. DATE	WITTEN	NAME OF CEMETE	D. MEDICAL INVESTIGATOR	
9	H, REMOVAL (S	8 22/	53	Mr auku	in Cem- Ballo. Hist.	
	TE RECEIVE		SSIGNATU	RE	25 FUNERAL DIRECTOR ADDRESS 322	V.
	CAL REGIST	RAR	95	13. 4. 3	Mrs. Hatie Refelliams Schweder	24-



5	3-6	52	BAI	TIMORE CITY HI	EALTH DEPARTMENT E OF DEATH	r Registere	53 7476
1.	NAME OF Dype or Print)	PECEASED Edu	PARD	J. B	BARNES	2. DATE OF	8-20-53
A.		City, Maryland	oital or institut	ion, give street address or	4. USUAL RESIDENCE A. STATE MARYJANO	(Where deceased lived B. COUNTY	
HC	SPITAL OR STITUTION			SPITAL location)			mits, write RURAL and give township)
	ngth of s	tay in Baltimore		Yrs. Mos. Days	5100 BRO		Rd. 5250
5.	M	6. COLOR OR RAC	WIDOW	E, MARRIED. (ED, DIVORCED (Specify) (RRIED	31000.1717	33	Months Days Hours Min.
Mork	done during most	CCUPATION (Give kind of working life, even if retire PRESSME	d)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
		CHARLES		RNES	AUG USTA	HELD!	AAN
	WAS DECEAS L no or nuknown)	ED EVER IN U.S. ARM (1f yee, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	MRS. MARIA BA	ENES 5100	BROOKWOOD RP.
TION	(This doe heart failt injury or	SE OR CONDITION LEADING TO DE so not mean the mod- ure, asthenia, etc. It m complication which ANTECEDENT CA	ATH of dying, e. peans the diseas caused death USES . IF ANY, GIVII	R., (A) Arba	or DEATH cominal about retisher a Gaugiere on Se Sono	toneal as	Baceso uding
CERTIFICAT	OTHER TRIBUTIN	YING CONDITION II SIGNIFICANT CON G TO THE DEATH, BU DISEASE OR CONDITI	DITIONS COL	(C)	carceratel ai	fuira (1	t) Resura -
EDICAL	8-	2-53 ENT. SUICIDE,	Tucar 218. PL	ACE OF INJURY (e. g., i	INGUINA /	(If in Baltimore Cir	20. AUTOPSY? YES NO
MED	21D. TIME F INJURY	(Specify) (Month) (Day) (Yes	ir) (Hour)	Farm, factory, street, office bidg., 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	RY OCCUR?	
	deceased a		ttended the 1953,	and that death occur			9 Shat I last saw the n the date stated above.
7/10	N. REMOVAL	Specify)	953	4.5. NATION		COCATION (City, to	
	ATE RECEIVE DCAL REGIST		R'S SIGNATU	O/ 5 3 0	25. FUNERAL DIRECTO	LE. 1217	ST. PAUL ST.
3	VS 150		0	613	419		

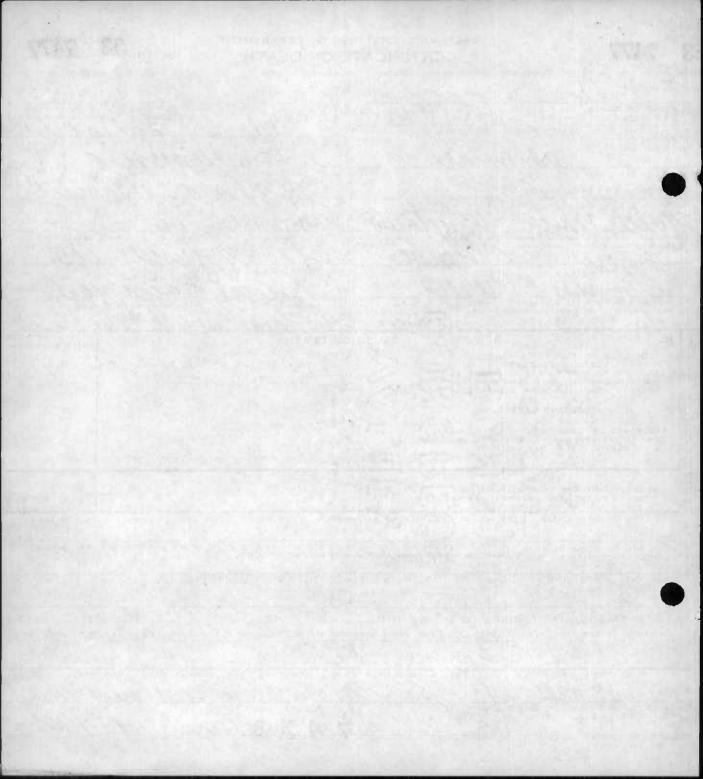


C-636

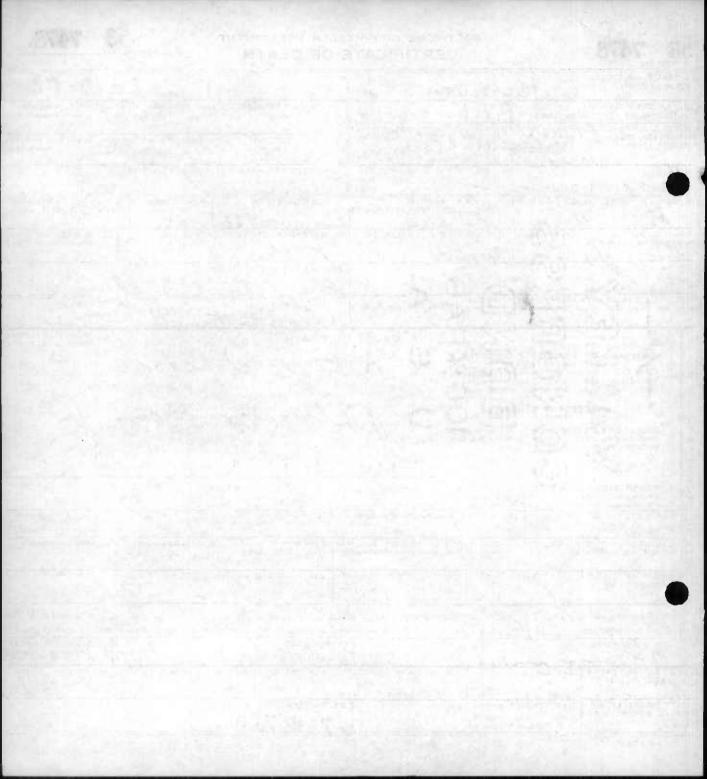
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

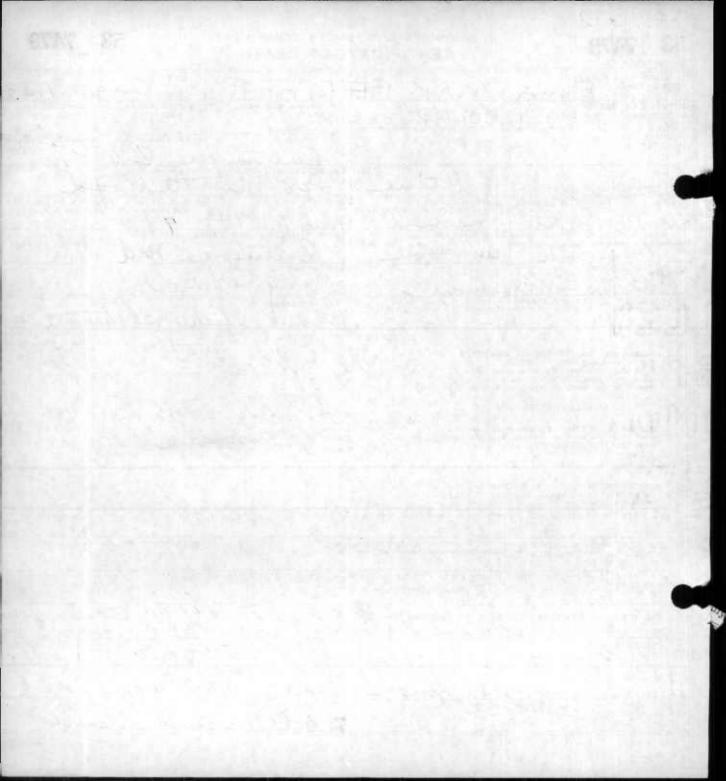
Registered 53 7477

1	IRTH NO.				
	ype or Print	parturi.		2. DATE OF DEATH	8/21.53
	Baltimore City, Maryland 3919	Park Height	4. USUAL RESIDENCE	E (Where deceased live	d. If institution; residence Y before adplission)
В.		tution, give street address of location)	& Hid	130	elso Elle
IN	ISTITUTION ah hon	· ·	E. CITY OF TOWN	(If outside corporate	limits, write RURAL and give
17	worton	Yrs.	D. STREET ADDRESS	Il rural, give location	0). 5
d	ngth of stay in Baltimore	Mos. Days	39191	am Ide	18667811
5.	SEX 6. COLOR OR RACE 7. SING	DUED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)	it Under t Year It Under 24 Hours Min.
19	A. USUAL OCCUPATION (Givekinder 10B. Kladeneduring most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
	218481	mber	allest	Vonunu	WHIT COUNTRY?
13	B. FATHERS NAME	/ -	14. MOTHER'S MAIDE	IN NAMEY, D	6.
	Trunces C. Cal	rur	Carolin	if taln	mon
(Ye	b. WAS DECEASED EVER IN U. S. ARMED FORCES; s, no or np known) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	0 10	ADDRESS 2 11
	NO	Hone	mis namu	WHILE -	INTERVAL BETWEEN
	18. 422.1 DISEASE OR CONDITION DIRECTL		OF DEATH	- 1. · · · · · ·	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	TORSA	is vasci	ular Dis	case years
	heart failure, asthenia, etc. It means the dis- injury or complication which caused des	ease.	cero s co	rooms	
	ANTECEDENT CAUSES				
Z	DISPASES OF CONDITIONS IF ANY OF	(B)	مو	***************************************	
LION	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING	VING			
CAT		VING	J.C.		
FICAT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	VING THE DUE TO			
ERTIFICAT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELA	VING THE DUE TO (C)			
CAT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING	VING THE DUE TO (C)			20 AUTORSY2
L CERTIFICAT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING	VING THE DUE TO (C)			20. AUTOPSY? YES NO
ERTIFICAT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER. 21B. F	VING THE DUE TO (C)	ATION	(lf in Baltimore C	
L CERTIFICAT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELY TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOR 19A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hon CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)	CON- THE DUE TO (C)	ATION a or 21c, WHERE DID INJURY OCCUR?		YES NO
L CERTIFICAT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OF CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOUR 19B.	CON- ATED STIT. CON- ATED STIT. COR FINDINGS OF OPER CORP. CON- CON- CON- CON- CON- CON- CON- CON	ATION a or 21c, WHERE DID INJURY OCCUR?		YES NO
L CERTIFICAT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELY TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOR 19A. DATE OF OPERATION 21B. Fabout hom CAUSE OF DEATH 21A. TIME (Month) (Day) (Year) (Hour)	CON- ATED OR FINDINGS OF OPER DE, farm, factory, street, office bidg., c	ation a or 21c. Where DID INJURY OCCUR? ED 21f. HOW DID IN.	JURY OCCUR?	YES NO
L CERTIFICAT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOUT 1	CON- ATED OR FINDINGS OF OPER PLACE OF INJURY (e. g., ir as, farm, factory, street, office bidg., c 21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK AT WORK And that death occur	ATION Lear 21c, WHERE DID INJURY OCCUR? ED 21f, HOW DID IN. 1925, 19, to red at 62 m., from the first term of the fir	JURY OCCUR?	yes No lity, give exact location) 3, that I last saw the on the datc stated above.
L CERTIFICAT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OF CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOUR 19B. M	CON- CON- CON- CON- CON- CON- CON- CON-	ATION Tor 21c, WHERE DID INJURY OCCUR? ED 21F, HOW DID IN.	JURY OCCUR?	yes No lity, give exact location)
MEDICAL CERTIFICATI	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOUR CAUSE OF CONTRIBUTING 21B. Pabout hom CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About hom CAUSE OF DEATH 21B. Pabout hom CAUSE (Month) (Day) (Year) (Hour) 1NJURY m. 22. I hereby certify that I attended the deceased alive on 2 1, 195 23A. SIGNATURE	CON- ATED OR FINDINGS OF OPER PLACE OF INJURY (e. g., ir as, farm, factory, street, office bidg., c 21E. INJURY OCCURRING WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK And that death occurred	ATION Lor 21c, WHERE DID INJURY OCCUR? ED 21f, HOW DID IN. 1925, 19, to red at 62 m., from 38. ADDRESS 4.53 M.	JURY OCCUR?	yes No ity, give exact location) 3, that I last saw the on the datc stated above.
MEDICAL CERTIFICATI	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELY TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOR 19A. DATE OF OPERATION 21B. Fabout hon CAUSE OF DEATH 21B. TIME (Month) (Day) (Year) (Hour) 18 INJURY 19 19 22. I hereby certify that I attended the deceased alive on 2 2 1, 19 2 23A. SIGNATURE 24B. DATE AND BURIAL, CREMAN 24B. DATE	CON- ATED OR FINDINGS OF OPER PLACE OF INJURY (e. g., ir as, farm, factory, street, office bidg., c 21E. INJURY OCCURRING WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AND AND AND AND AND AND AND AN	ATION Lor 21c, WHERE DID INJURY OCCUR? ED 21f, HOW DID IN. 1925, 19, to red at 62 m., from 38. ADDRESS 4.53 M.	JURY OCCUR? Jung 21 The causes and causes are causes and causes and causes and causes and causes and causes	yes No ity, give exact location) 3, that I last saw the on the datc stated above.
MEDICAL CERTIFICATI	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOUR CAUSE OF CONTRIBUTING 21B. Pabout hom CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About hom CAUSE OF DEATH 21B. Pabout hom CAUSE (Month) (Day) (Year) (Hour) 1NJURY m. 22. I hereby certify that I attended the deceased alive on 2 1, 195 23A. SIGNATURE	CON- CON- CON- CON- CON- CON- CON- CON-	ATION Lor 21c, WHERE DID INJURY OCCUR? ED 21f, HOW DID IN. 1925, 19, to red at 62 m., from 38. ADDRESS 4.53 M.	om the causes and can be caused and causes are causes and causes are caused and causes a	yes No ity, give exact location) 3, that I last saw the on the datc stated above.



17	36	5					
5	3 747	' 8			EALTH DEPARTMENT	Registered	7478
1.	NAME OF DE		rmuti	ale ale	orge	2. DATE Ø	-19-53
	PLACE OF DE Baltimore C		Baltim	101	4. USUAL RESIDENCE	Where deceased lived, B. COUNTY	If institution : residence before admission)
HC	FULL NAME OF SPITAL OR STITUTION	OF - PANAKON	THAVINSTIES OF	alhours	C. CITY OR TOWN	If outside or porate lin	nite write RURAL and give
9	0	Baltin	re han	Yrs.	Dario.	f rural, give location)	5250
		ay in Baltimore		Mos. Days	1 Hammos	nder La	ne.
5.	III.	6. COLOR OR RACE		RRIED, DIVORCED (Specify	1 S. DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year Months Days Hours Min.
10/ work	. USUAL OCC	CUPATION (Give kind of working life, even if retired.	10B. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N	AME	Purpelo	med.	14. MOTHER'S MAIDEN	NAME	
4	Fredere	ik Butt	enni	th	Elin Er	a Bur	kess
(Yes,	was DECEASE	D EVER IN U.S. ARME (If yee, give war or date	D FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	t. H	ADDRESS
	18. 11 7	n . I	POSAL ELLE	CAUSE	OF DEATH	commune,	INTERVAL BETWEEN
	1	E OR CONDITION		1	0 11 1	,	ONSET AND DEATH
	(This does	LEADING TO DEA	of dying, e.g.,	(A) A.	C. V. d	islase	
	heart failur injury or	re, asthenia, etc. It me complication which	ans the disease, caused death.)	DUE TO			
z		ANTECEDENT CAU	SES	(B) D	Melmonary	ldem	a. 1261
ATIO	RISE TO TH	OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L	STATING THE	DUE TD	,		Q
I I				Pen	sterlina.		
RTIFI	OTHER SI	II IGNIFICANT COND	ITIONS CON	(C)V		A . 1.111	7
ä	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED	m	an my	cural y	5
7			198. MAJOR FIN	DINGS OF OPE	RATION		20. AUTOPSY?
EDICA	21a. ACCIDE	NT. SUICIDE.	2 18 PLACE C	OF INJURY (e. g.,	io or 21c. WHERE DID	(If in Raltimore City	yes No 7
MED.	HOMICIDE	(Specify)		ctory, street, office hldg.			, , , , , , , , , , , , , , , , , , , ,
	21b. TIME () F INJURY	Month) (Day) (Year		INJURY OCCUR		RY OCCUR?	
L.			m. WHILE			7.17	
		certify that I at			1 17 5 , 19 , to_		, that I last saw the
	deceased al		19 and	that death occu	rred at m., from	the causes and on	the date stated above.
	XXX	Win an	0770	м. р.	1045 /1ce/ce/2	dlug tal	8-20-53
24 TIO	A. BURIAL, C	REMA- 24B. DATE			ERY OR CREMATORY 240.	LOCATION (City, tow	vn, or county) (State)
1	Inrial	alud 2	4-1953	hwart	ys. 0	Donnell	est. ml
LO	TE RECEIVED	RAR	'S SIGNATURE	11:0000	25, FUNERAL DIRECTOR	.00.	ADDRESS
- 53	HC 24W	2 3 EN-CE	March Age of March	A STATE OF THE PARTY.	14 Marine Jalones	exil.	and were
	VS 150		0-2		/	1	



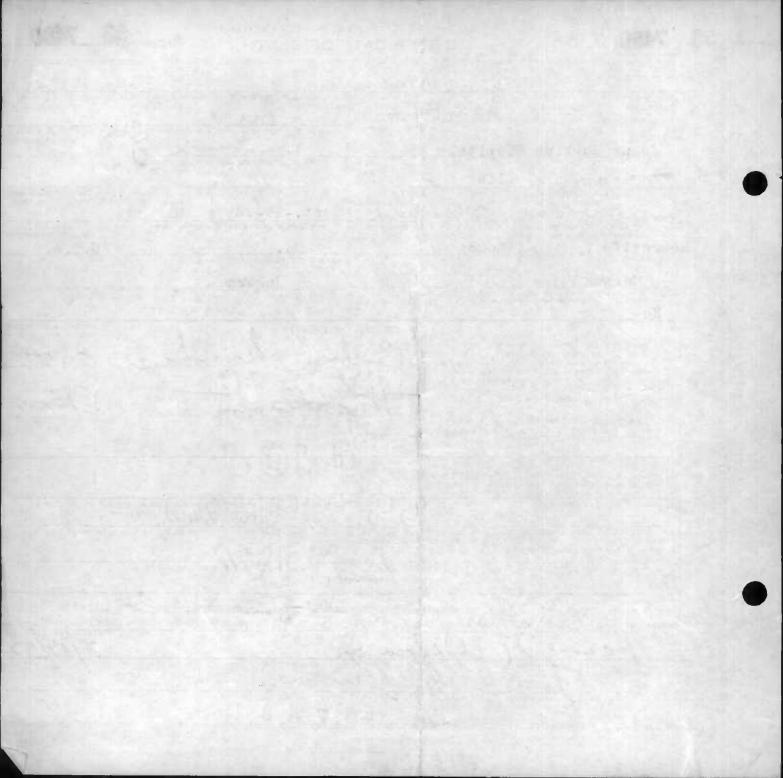


BINDING of information should be carefully supplied. The uses of death clearly and legibly.	BIRTH NO. 1. NAME OF DECEAS (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, M. B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HO C. Length of stay in 5. SEX G. COL 10A. USUAL OCCUPAT work done during most of working HOUSEWIFE 13. FATHER'S NAME 15. WAS DECEASED EYER (Yes, no or unknown) (If yes) NO
MARGIN RESERVED FOR BIN NPADING INK. Every item of i hysicians: please write the causes	ISO 18. 33/X DISEASE OR LEAD (This does not not heart failure, asthing or complication of the complete of the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

(7	NAME OF DECEASED 'ype or Print)	-093	Walls	27-		2. DATE OF DEATH	Chua	19 1952	
	PLACE OF DEATH: Baltimore City, Maryland	928	11	4. USUAL RES	IDENCE (W			itution: residence before admission)	
В.	FULL NAME OF (If not in hos	pital or instituti	on, give street address or	6	nd.			7	
	OSPITAL OR		location)	C. CITY OR TO	WN (If	outside corpora	e lijaits, w	rite RURAL and give township)	
	Johns Hopkins	Hospita		120	Man	ore 1	1 -		
13	3		Yrs. Mos.	o. STREET ADI	DRESS (If r	ural, give locati	94) 0-0		
	Length of stay in Baltimore		Days		10 50	, Jose	- 27		
5	SEX 6. COLOR OR RAC		. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BI	RTH	9. AGE (ln ye last birthda	ars if Under	s Days Hours Min.	
	Temple Colored	7 34	Sowed	Sept19		60			
10	A. USUAL OCCUPATION (Give kin k done during most of working life, even if retired to the control of the control	dof 10B. KIND	OF BUSINESS OR	11. BIRTHPLAC	E (State or for	eign country)	12	. CITIZEN OF WHAT COUNTRY?	
	ousewife	Home		Md.			1	U.S.A.	
13	B. FATHER'S NAME			14. MOTHER'S	MAIDEN NA	ME			
	Unkown			Un	kown				
1! (V.	S. WAS DECEASED EVER IN U. S. AR	MED FORCES?	16. SOCIAL	17. INFORMAN			\ ADDI	RESS	
1	No	14405 01 501 1100)	SECURITY NO.	Hoste	tal	Mico	ids		
	18. 2214		CAUSE	OF DEATH	4			INTERVAL BETWEEN	
	DISEASE OR CONDITIO	N DIRECTLY	0	1 1				ONSET AND DEATH	
	(This does not mean the mod	EATH	m (enl	mal	Lema	who -	, .	45hr	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death								
	injury or complication which caused death.) OUE TO								
	ANTECEDENT CAUSES								
0	DISEASES OR CONDITIONS, IF ANY, GIVING								
ATI	RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION	A) STATING TH LAST.	E DUE TO						
FIC/			(C)		*************************	***********************			
1	11								
ER	TO THE DEATH BUT NO	RELATED TO						/	
U	DISEASE OR CONDITION CAUS	SERATION				00 411700042			
1	134. DATE OF OPERATION	WAS PERFO	TION FOR WHICH OF RMED	ERATION	CAUSE OF	OEATH, EN		20. AUTOPSY?	
CA	21A. ACCIDENT WAS UNDER	YING 21B	PLACE OF INJURY (e. g., in or 21C. Wh	PART I OF		City, give		
EDI	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (a.g., in or OR CONTRIBUTING CAUSE OF about home, farm, factory, atreat, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?								
Z	210. TIME (Month) (Day) (Yo	ar) (Hour) 2	TE. INJURY OCCURRE		N DID INJU	JRY OCCUR?	2 11 11		
	OF INJURY	m.	WHILE AT WORK AT WORK					Tilescer III	
	9/17 (5) 9/19 (5)								
	deceased alive on	22. I hereby certify that I attended the deceased from							
	23A. SIGNATURE	, 1903,		3B. ADDRESS	m., jrom in	e causes and		3c. DATE SIGNED	
	Henry	11.11	LAMINO	~				8/19/53	
2	BURTAL CREMA- 248 DAT	- 1	24C. NAME OF CEMETE	RY OR CREMATO	RY 249.10	CATION (City	, town, or	county) (State)	
1	NEMOVAL (Specify)	22-53	my color	y cem	13	WITE	MU	ma	
		AR'S SIGNATU	RE I	25 FUNERAL I	DIRECTOR		O AL	DDRES	
L	OCAL REGISTRAR	1	11:2113 3	19 and	3.Willar	MIM	Bu	wolf	
=		4 70 300	1 2 2 2 2 2 3			1114	<u> </u>		
	VS 150	1.0						NA A A	



BALTIMORE CITY HEALTH DEPARTMENT Registered 53 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) INSTITUTION Provident C. CLIX-OR TOWN (If outside corporate limits, write- CORAL and give (bwnship) HOSP Yrs. D. STREET ADDRESS (If rural, give location Mes. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years | | Under | Year | If Under 24 Hours | Months Days | Hours | Min. 8. DATE OF BIRTH SCD. 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Vomestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nuknown) SECURITY NO. ecords INTERVAL BETWEEN 623X 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Physicians: H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED) isease ntamalore TO THE DISEASE OR CONDITION CAUSING IT. 19A. PATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY O Chrome Bilateval Salpino opphoritis YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from that I last saw the 10/53, 19 and that death occurred at_ m., from the causes and on the datestated above. deceased alive on_ 234/S GNATURE 23B. ADDRESS 230 DATE SIGNED 1514 arme UISION Willen M. D. 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

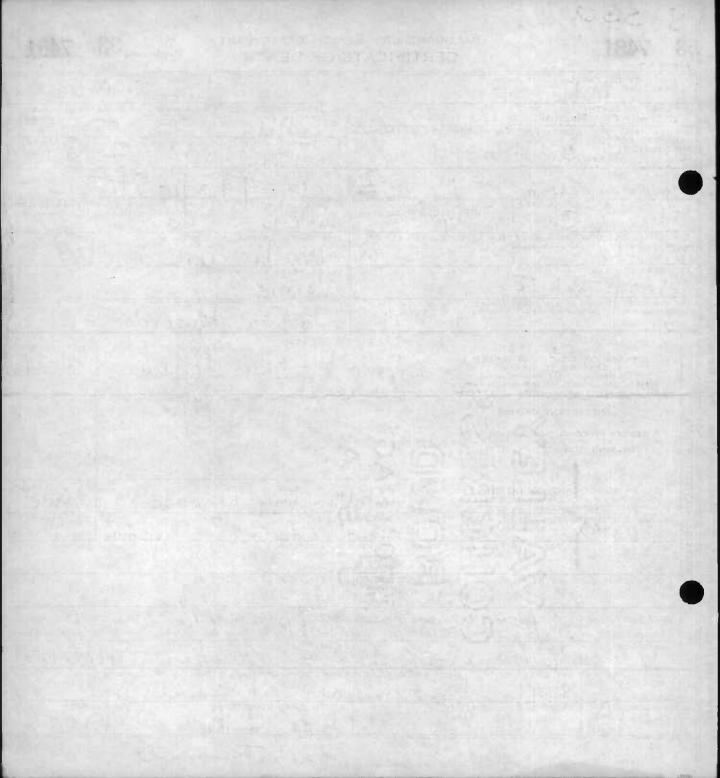
causes

the

Write

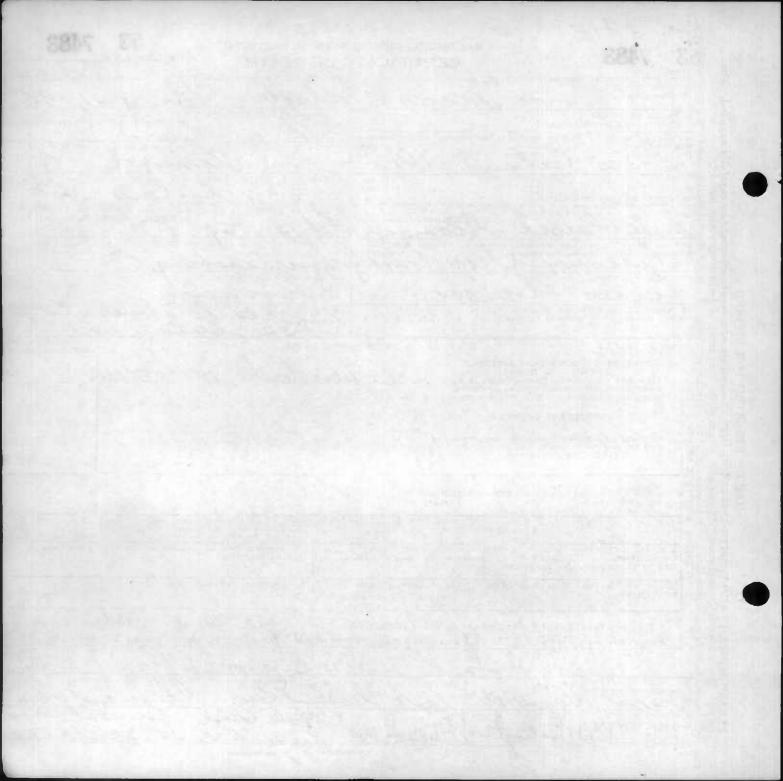
important.

20



& Janes.

The	53 7 BIRTH NO	483	_	TIMORE CITY I			53 Registered No.	7483
item of information should be carefully supplied.	Type or Programmer of Programm	of DEATH: DOTE City, Maryland AME OF (If not in to or	re ACE 7. SINGLE WHOON ACE 7.	16. SOCIAL SECURITY NO	D. STREET AD D. STREET AD S. DATE OF BI T. J.	DRESS (If rury) RTH 9.	AGE (In years last bloodday) Month	
UNFADING INK. Every Physicians: please write tl	hear injus	tfailure, asthenia, etc. I ry or complication wh ANTECEDENT (EASES OR CONDITION TO THE ABOVE CAUSE DERLYING CONDITION II ER SIGNIFICANT CONDITION THE DEATH BUT N ASE OR CONDITION CAN	t means the disease ich caused death. CAUSES NS, IF ANY, GIVIN (A) STATING THE ICONS CONTRIBU HOT RELATED TO USING IT.	(B)				
PLEASE WRITE PLAINLY, WITH U correct age is especially important. P	19A. DA 19A. DA 21A. AG OR COID DEATH 21D. TI OF INJ 22. I deceous 23A. S 24A. BUR TIOM REMO	CCIDENT WAS UNDER NTRIBUTING CAUS (NOTIFY MEDICAL EXAMPLE (Month) (Day) (URY Thereby certify that sadalive on light (Day) (Control of the control of the co	I attended the	PLACE OF INJURY OCCUPANT OF THE AT WORK AT WAT WORK AT WAT WORK AT WORK AT WORK AT WAT WAT WAT WAT WAT WAT WAT WAT WAT	(c. g., in or 21c. W industrial in the control in t	cause of E PART I OR P. HERE DID (It is OCCUR? DW DID INJURY DW DID INJURY DW., from the common of all	occur? 1953 auses and on the	That I last saw the date stated above. 23C. DATE SIGNED COUNTY) COUNTY COU



ŝ.	13	7484 CERTI	FICATE AMENDED 9/: BALTIMORE CITY H			7484			
The	_	RTH NO. NAME OF DECEASED	CERTIFICAT	E OF DEA		NO.			
ġ.		vpe or Print).	ERISCHE		OF A U.G. 20 - 1953				
plie		PLACE OF DEATH: Baltimore City, Maryland	0,000,00	4. USUAL RESIDENCE (Where deceased lived. If institution : residence					
dns	8.	FULL NAME OF (If not in hospit	al or institution, give street address o	Maryland B. COUNTY before admission					
Ily	HO	OSPITAL OR ISTITUTION	location	c. CITY OF TOV	WN (If outside corporate limit	ts, write RURAL and give			
eful oly.	2	anversity.	y Naspital	Marly	Park Ale Bin	wie (. O.)			
car	-	Length of stay in Baltimore	Yrs. Mos.	- 3	ORESS (If rural, give location)	6000			
be d	1	SEX 6. COLOR OF RACE	7. SINGLE, MARRIED.	8. DATE OF BIR		It Under 1 Year It Under 24 Hours			
ould ly an	10	Male white A. USUAL OCCUPATION (Give kind of	Dword (Specify	130/1810	Slast birthday) Mo	onths Days Hours Min.			
VDING information should be carefully supplied.	work	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	JUB. KIND OF BUSINESS OR INDUSTR'		E (State or foreign country)	WHAT COUNTRY			
atic	13	FATHER'S NAME		14. MOTHER'S	MATDEN NAME				
NG deg		Unknown Miers	lek	Unkn	Unknown				
BINDING of inform	(Yo	s. WAS DECEASED EVER IN U. S. ARMEI	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	^	DDRESS			
R BIN	_	Hone	none	Mrs. Ellen	M. Den Maly	INTERVAL BETWEEN			
RVED FOR Every item write the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,								
RESERVED INK. Even please write		heart failure, asthonia, etc. It means the disease, Injury or complication which caused death.) DUE TO							
ER.	-	ANTECEDENT CAUSES Representation of the control of							
RESEI INK. please	O	DISEASES OR CONDITIONS, IN	F ANY, GIVING STATING THE OUE TO	, word	death)	(dver)			
Z Z Z	ATI	UNDERLYING CONDITION LAST.							
CIDIA	FIC				***************************************				
MARGIN I UNFADING Physicians: p	ERTI	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT I	RELATED TO THE						
	U		9B. CONDITION FOR WHICH O	PERATION	IF OPERATION WAS RELATED 1	TO 20. AUTOPSY?			
WITH rtant.	AL		VAS PERFORMED		PART I OR PART II	IN YES NO			
	EDIC	21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE	about home, farm, factory, street, office	(e. g., in or 21C. WH ebldg., etc.) INJURY	HERE DID (If in Baltimore City, OCCUR?	give exact location)			
PLEASE WRITE PLAINLY, correct age is especially impo	Σ	21D TIME (Month) (Day) (Year) OF INJURY	WHILE AT NOT WH	ILE	W DID INJURY OCCUR?				
PL/ cial		22 I hough - maife Al - 4 I - 44	m. WORK AT WOR		53, to 8/20 , 195	\$ that I last saw th			
E]		22. I hereby certify that I att deceased alive on 8 20	19 53 and that death occur	rred at 4:40 A	m., from the causes and on t	H that I last saw th he date stated above			
RIT is e		23A. SIGNATURE		23B. ADDRESS	THIS TO BE SEED OF THE ONE OF THE OWN	23c. DATE SIGNED			
W. W.		Jahn 1.	Learson M.O.			9/36/53			
ASE set ag	710	DN. REMO(AL (Sp) city)	3 Lovaine F	ery or CREMATOR	Balto, MJ.	or county) / (State)			
PLE	D/ LC		S-SIGNATURE //	FUNERAL D	WRECTOR 40 B.	ADDRESS			
	=	VS 150	4	11 Sugar	year volum	y yng.			

NOT A MEDICAL EXAMINER'S CASE

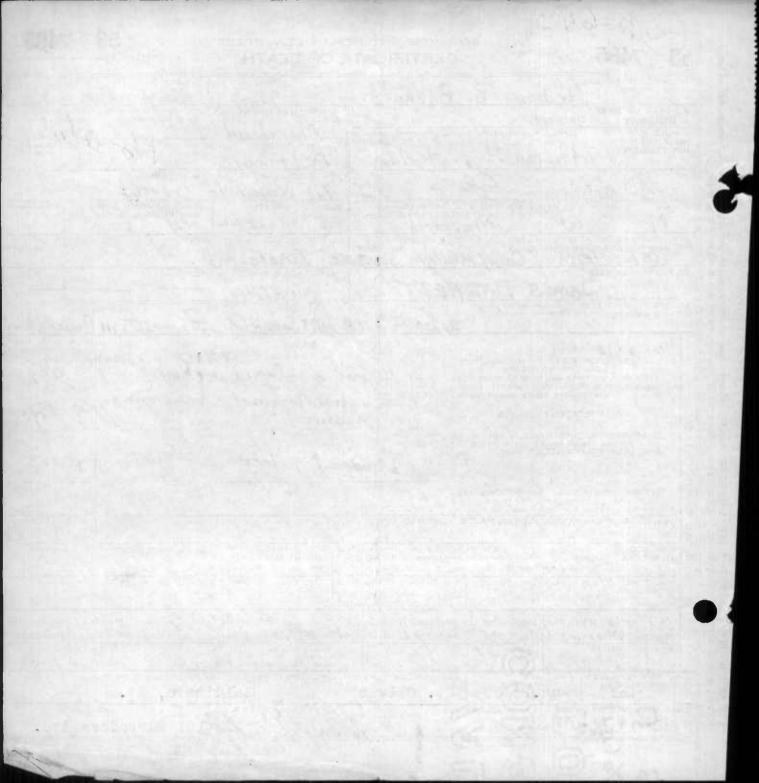
OSLEY OF GENERAL EXAMINER

GILLET ON ASST. MEDICAL EXAMINER

See letter in file from Dr. Jos. A. Jachimczyk, Msst. Med. Exam.

Registered No. OF DEATH 20 before admission) B. COUNTY write RURAL and give township! 9. AGE (In years) H Under 1 Year ff Under 24 Heurs last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? (If in Baltimore City, give exact location) 19 That I last saw the 23c. DATE SIGNED

from the causes and on the date stated above. 24D. LOCATION (City, town, or county) ADDRESS Edmondson Ave.



MARGIN RESERVED FOR BINDING

	巨	1	5	1	
3	BIRTH	48 No.	6		

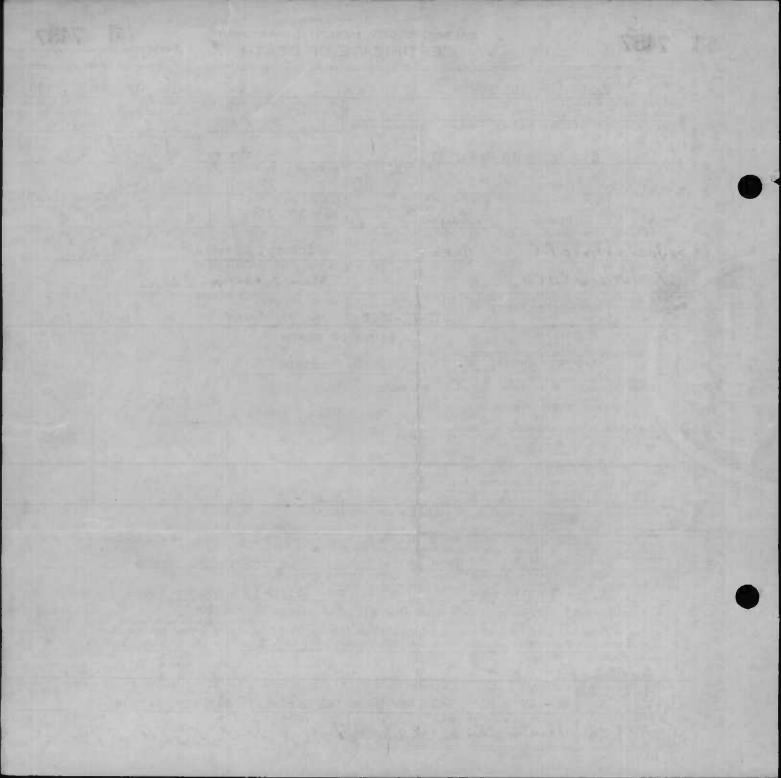
CERTIFICATE OF DEATH

53 7486 Registered No.

BIRTH NO.										
	I. NAME OF DECEASED (Type or Print) Margaret Jane Evans				2. DATE OF DEATH 8-19-53					
	3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If Institution; residence A. STATE B. COUNTY before admission)					
11	B. FULL NAME HOSPITAL OR INSTITUTION	US PHS Hosp Baltimore	C. CITY OR TOWN (If outside contrate limits, while RURAL and give township) Baltimore							
-	57	paromiore 1	I Mu.	30 Yrs.	D. STREET ADDRESS (If rural, give location)					
	c. Length of s	tay in Baltimore		Mos. Days	3310 West Franklin Street					
	5. SEX Female	WIDOWED DIVORCED (Specify)			8. DATE OF BIRTH 9. AGE (In years li Under I Year last birthday) Sept. 9, 1874 78					
W	10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	IOB. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreig			N OF COUNTRY?	
-	13. FATHER'S 1			Home	14. MOTHER'S		=	USA	V-	
		ct Brown			Sarah Jane Van Landingham					
	15. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
11	No	(1. 200) Br. 0 . 01 . 01 . 0000	or sor rice,	SECORITY NO.	Records	, USPHS H	ospital, E	Balto	ll.Md	
	(This does heart failus injury or DISEASE.	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING Carcinoma stomach with metastases to 8 months Liver, abdominal lymph nodes, and								
	M TO THE	BNIFICANT CONDITIONS DEATH BUT NOT I	RELATEO TO		~					
	19A. DATE C		9B. CONDI AS PERFO	TION FOR WHICH OF	CAUSE OF OEATH, ENTER IN YES X NO					
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., io or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.) 1NJURY OCCUR?							location)		
		(Month) (Day) (Year)	(Hour)	WHILE AT NOT WHILE WORK AT WORK						
	deceased a	22. I hereby certify that I attended the deceased from 7-3-53, 19, to 8-19-53, 19, that I last saw the deceased alive on 18-19-53, 19, and that death occurred at 1:00 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED								
		.Hunter, Medi	cal Di	rector M. O.	USPHS Hosp	ital. Bal	to. 11.Md.	8-19	-53	
	24A. BURIAL. TION, REMOVAL (CREMA. 24B. DATE	, 1	24c. NAME OF CEMETE	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)					
	Burial		2/53	Glen Haven	29. FUNERAL	GLENDI	urnie Md.	ADDRESS	5	
	LOCAL REGIST	RAR THE THE	clove!	Vollieus, My	Farmer I	1/ _//	TIO1 Edmo			

. His of oppositely AT THE PARTY OF THE me but both only much margo present mich en englichen in Tana period en Laborates primer I have been the for the primer in the Marie In the Control of State of Control of the Control of Control The same at the book and the THE COURSE OF THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY.

V S



PLEASE WRITE PLA correct age is especial

22. I hereby certify that I attended the deceased from deceased alive on 8 26, 1953, and that death occurred at 1:45 Am., from the causes and on the date stated above.

23A SIGNATURE

23A BURIAL, CREMATION, REMOVAL (Specify)

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City town, or county)

25. FUNERAL DIRECTOR

25. FUNERAL DIRECTOR

25. FUNERAL DIRECTOR

25. FUNERAL DIRECTOR

26. ADDRESS

26. ADDRESS

27. ADDRESS

26. ADDRESS

27. ADDRESS

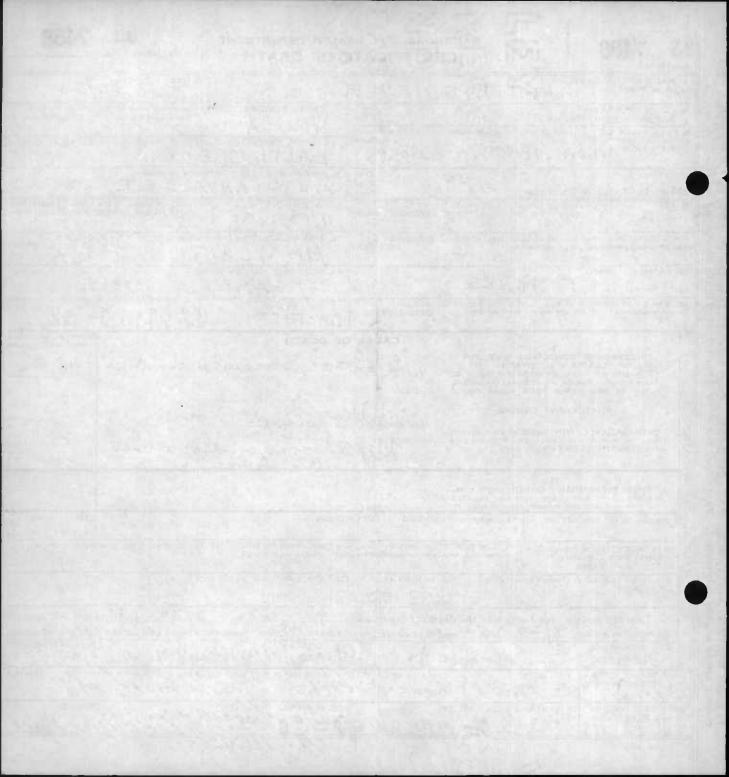
26. ADDRESS

27. ADDRESS

28. ADDRESS

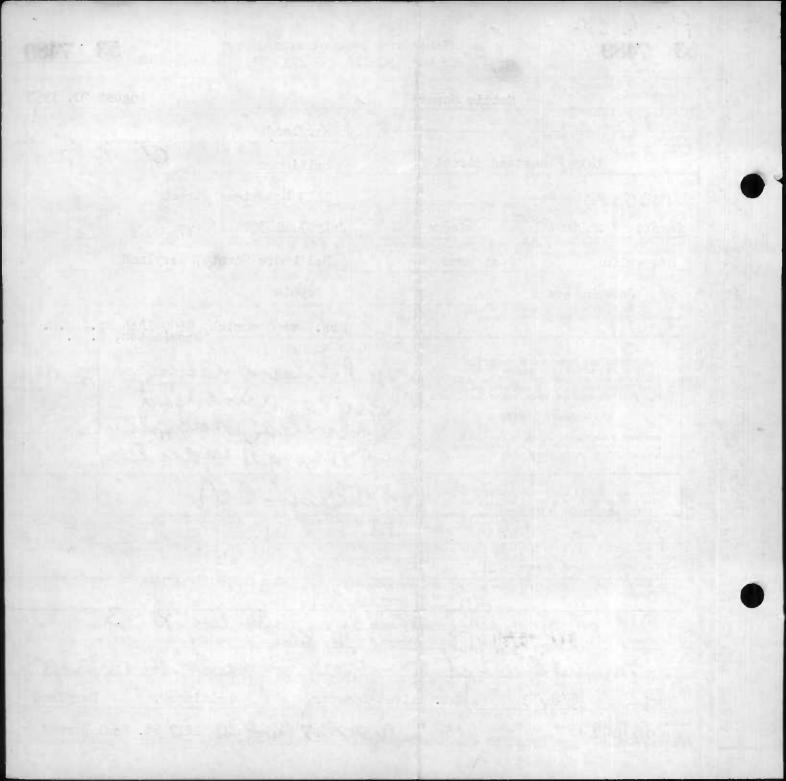
29. ADDRESS

2



	. The	50 =
MANGIN NESENVED FOR BINDING	3 WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.	
MARKELL	UNFADIN Physicians:	
	WRITE PLAINLY, WITH ge is especially important.	

53	748	39		IMORE CITY H				Registe	53	7	7489
BIE	RTH NO.			ERTIFICAT	E Or	DEAT	Н	registe	100 110,-		
1. (Ty	NAME OF Do		Nettie H	oward				2. DATE OF DEATH	August	20,	1953
Α.		City, Maryland	-1 2 4.4 4.		A. STAT	al RESID Fland	ENCE (W)	nere deceased li B. COUN			residence re admission
HO	SPITAL OR STITUTION	OF (If not in hospital) 1419 Homest		location	c, CITY	or town		outside corp ra	e limits,	ite Pilir	AL and giv township
C.	Length of s	stay in Baltimore		Yrs. Mos. Days			estead	mal, give locat Street	ion)		
5.	sex emale	6.COLOR OR RACE	7. SINGLE. WIDOWE		8. DATE	OF BIRT	Н	9. AGE (In ye		Veat Days	Hours Min.
10/ work	done during most	CCUPATION (Give kind of of working life, even if retired)	at hom	OF BUSINESS OR INDUSTRY	/			y, Maryl		CITIZE	OUNTRY
13.	FATHER'S					her's M.	AIDEN NA	ME		- 11	
15. (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INF	ORMANT	od ri ch	, 3500 1	ADDR		-W-
ERTIFICATION	DISEASE RISE TO THE SIGN TO THE	are, asthenia, etc. It mea complication which complication which complication which complications, in the above cause (a) ying condition to the complication of the complication of the complication causing properties.	eaused death.) SES F ANY, GIVING STATING THE STATING THE STATING THE STATE TO TO	CO	rys the	din	ine Hu CV	alua alua D	i lule ling		0
CAL C	19a. DATE (OF OPERATION V	98. CONDITI				PART I OF	ON WAS RELATED FOR PART II	TER IN	YES _	NO A
MEDIC	OR CONTRI	ENT WAS UNDERLY! BUTING CAUSE OF	about ho	PLACE OF INJURY me, farm, factory, street office		INJURY C		, and a second residence	e City, give	e exact	locationy
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK										
	22. I herel deceased a 234. SIGNA	by certify that Late		nd that death peeu	rr d at) 23в. ADD		2, to la	e couses and	d on the d	late ste	ast saw thated above
24 TIC	A. BURIAL, ON, REMOVAL (burial	CREMA- 248. DATE Specify) 8/24/53		it. Olivet Co	ERY OR C	1	18	timore,		ounty) Mary	
	ATE RECEIVE OCAL REGISTION 11 11 11 11 11 11 11 11 11 11 11 11 11	D BY REGISTRAR	S SIGNATUR	Time M.D.	25. FUI	CAP	RECTOR	1217 St		DDRESS L Str	
1	VS 150	0	1								



-			
1	- (.57)		
140	PALTIMORE CITY I	HEALTH DEPARTMENT 53	17600
DO			7490
BI	RTH NO.	TE OF DEATH Registered No.	
	NAME OF DECEASED	2. DATE	1
(1)	/pe or Print) HLPHONS GER/	NACK DEATH 8/2	1/53
	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived If inst	itation: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address		07
	STITUTION	n) c. CITY OR TOWN (If outside corporate limits, w	rite RUR Lound give township)
1	(NION / EM. LTOSP	BALTIMORIE LU	- township)
1	Yrs		
Ġ.	ength of stay in Baltimore Day		.51
5.	SEX 6. COLOR OF RACE 7. SINGLE MARRIED WIDOWED DIVORCED (Speci	8. DATE OF BIRTH 9. AGE (In years Undarfy) last hirthday) Month	I Year II Under 24 Hours
m	ale W	12/11/66 86	Days Hours Mill.
10	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUST:		CITIZEN OF
	Motorman (rtd) Transportation	" Mb.	WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0
1	THOMAS (TERMACK	MARADET	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDR	
(Yes.	no or anknown) (If yes, give war or dates of service) SECURITY NO.		
-	1212-10-5700	Mrs. Anna Germack-2315 Edmonds	
	70011	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
	(This does not mean the mode of dying, e.g.,	CARDIAL INFARCTION	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES		
Z	(B) GEN	ERAL ATHEROSCLE ROSIS	
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
A	UNDERLYING CONDITION LAST.		
RTIFICATION	(C)		
	II BILAT. O	PPER LOBAR PNBUMONIA -	
ER I	OTHER SIGNIFICANT CONDITIONS CON-	TIVE HEART FAILURE	
Ū,		O SCLEROSIS -	
ابا	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPI	ERATION	20. AUTOPSY?
DICA	21a BLACE OF LAUREY (to all 210 WHERE DID. (It is Daving City	YES NO L
ō	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bld		exact location)
₩.	CAUSE OF DEATH	CLU A COLORES CONTRACTOR CONTRACTOR	

TO THE DISEASE OR CONDITION	CAUSING IT.	CLEROSIA	=	
19A. DATE OF OPERATION 19	BB. MAJOR FINDINGS OF OPERATION	ON		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.)		(If in Baltimore City, give	exact location)

2 1D. TIME (Month) (Day) (Year) (Hour) FINJURY 21E. INJURY OCCURRED NOT WHILE WHILE AT

21F, HOW DID INJURY OCCUR?

WORK

deceased alive on ful	2 19 3 and	that death occ	curred ut 93 Am., from	m the causes and on the	date stated above
236 SIGNATURE	seucu i	M. D.	23B. ADDRESS		8/21/3

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 240 NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE

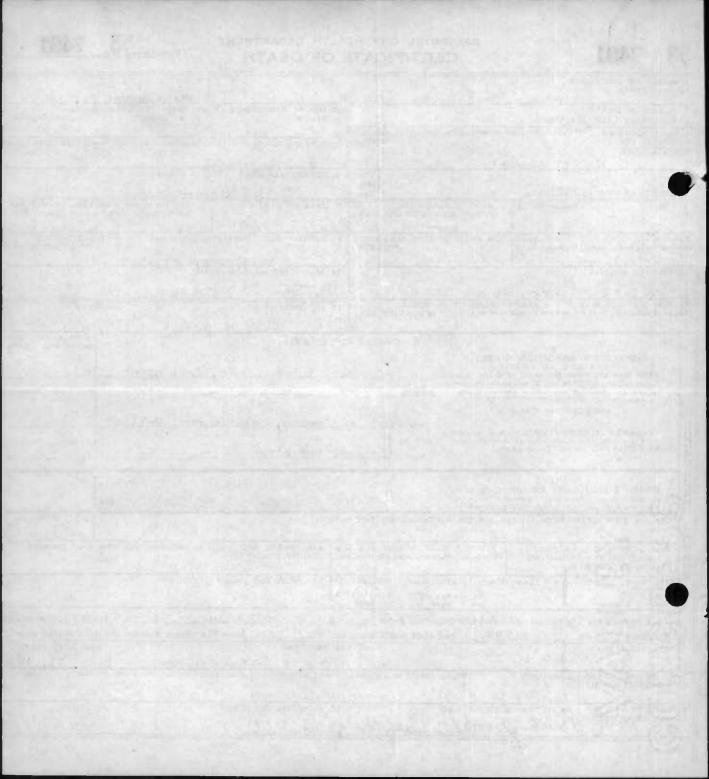
Loudon Park Cem. Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

VS 150

/(State)

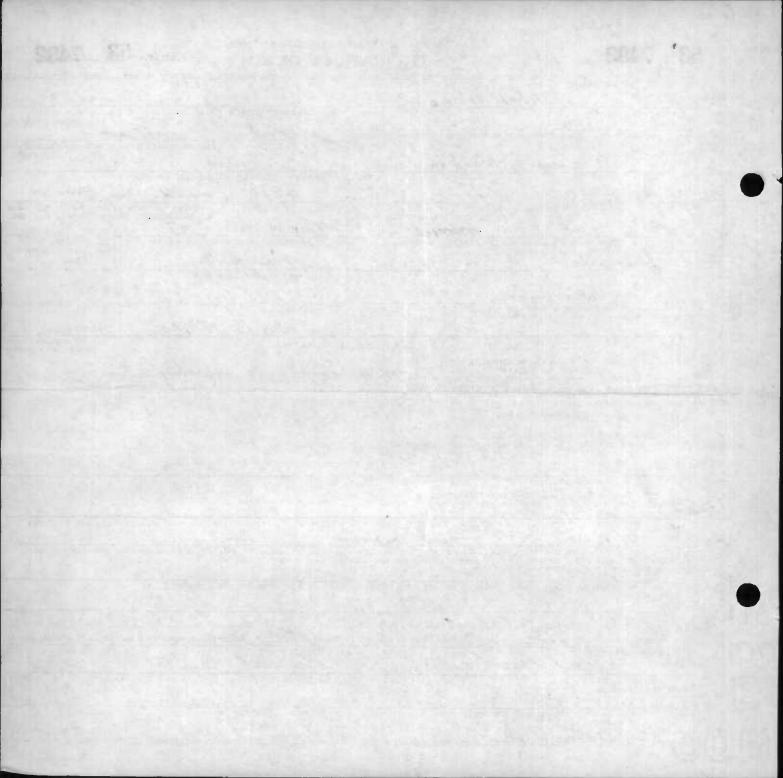
/	M-655	BALTIMORE CITY HE	ALTH DEPARTMENT	50	MADA
5	3 7491 RTH NO.	CERTIFICATE		Registered No.	7491
1. (T	NAME OF DECEASED ype or Print) Norryman (Ne	al)Thomas Neala	44	OF DEATH AUGUST.	21. 1953
Α.	Baltimore City, Maryland		4. USUAL RESIDENCE (W		
H	FULL NAME OF (If not in hospital or in DSFITAL OR STATEMENT)	nstitution, give street address or location)	c. CITY OR TOWN (if	outside corporate limits, w	RUITAL and give
	St. Joseph's	Yrs.	D. STREET ADDRESS (If	rural, give scation)	
0	length of stay in Baltimore	Mos. Days		hard Avenue	
5.	SEX 6. COLOR OR RACE 7. SI	INGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years lit Under last birthday) Months	1 Year Il Under 24 Hours Days Hours Min.
	M. W.	Married	OCT. 2-1890	62	
	A. USUAL OCCUPATION (Give kind of lob. k done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY?
10	Bricklayer		Baltimor	e, Maryland	
13	1.1 M	AL REGIONAL SHIPS	11. MOTHER'S MAIDEN NA		
15	Walter Merry Ma. S. WAS DECEASED EVER IN U. S. ARMED FORCE	CES? 16. SOCIAL	17. INFORMANT	CENZIE . ADDE	ECC N
(Ye	s, no or uakaown) (If yes, give war or dates of serv	vice) SECURITY NO.	MRS Ellen	/ , //. \ //	MAN-SAME
	16. 002X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIREC		or beating		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dyin	ig, e.g., (A) Pulmon	ary tuberculosis,	left upper lo	e
	heart failure, asthonia, etc. It means the injury or complication which caused	discase,			
	ANTECEDENT CAUSES				
Z	DISEASES OR CONDITIONS, IF ANY,	(B) Pottis	disease, tubercu	lous, 9-11th	••••••••••••
E	RISE TO THE ABOVE CAUSE (A) STATI	ING THE DUE TO			
RTIFICATION		(c)thorac	ic vertebrae	***************************************	***************************************
E	11			Anti-s	
ER	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F		and the second s	de Statement Spirit	·n
Ū	19A, DATE OF OPERATION 19B, M	SING IT	ATION		20. AUTOPSY?
AL	194. DATE OF OPERATION O 198. M	ASON PHEDINGS OF OFEN	ACTION		YES NO
EDICAL		B. PLACE OF INJURY (e. g., in thome, farm, factory, street, office bldg., e		f in Baltimore City, give	exact location)
ME	CAUSE OF DEATH				
-	21D. TIME (Month) (Day) (Year) (Hour			OCCUR?	
		m. WHILE AT NOT WHILE			
	22. I hereby certify that I attende			gust 21, 1953t	
	deceased alive on August 2,119			he causes and on the	
	23A. SIGNATURE Carlo Form		23B. ADDRESS		3c. DATE SIGNED
2	4A. BURIAL, CREMA- 24B DATE	24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, or	
TI	ON REMOVAL (Specify)	13 New CaTH	redeal Le	Salto Y.	nd
	ATE RECEIVED BY REGISTRAR'S SIG		25. FUNERAL DIRECTOR	// -	DORESS
	AUG 22 1933 Huntington	Williams, My	Seografia Ku	ck 5305 1	Harford 4



ie.	3	M - 2 7492	40	BAI	LTIMORE CITY			_	Registere53	6. 74S	32
d. The	1.	NAME OF DE		el. m	arie. B			2. DA O DEA	F C/	20/5-3	
ıpplie	Α.		EATH: lity, Maryland			A. ST.		NCE (Where dec	county	before:	sidence admission
ully su	FIC	SPITAL OR STITUTION	University	Hos.	ion, give street addr loca	42 3	Balli	(If outside of	corporate limits		L and giv
caref legibly	c.	Length of st	tay in Baltimore	life.		Yrs. D. ST Mos. Days	REET ADDRE		, 71	3me	14
uld be	5.	SEX	6. COLOR OR RACE	WIDOV	E. MARRIED, VED, DIVORCED (S	B. DA	TE OF BIRTH	last	E (In years Mon		Under 24 House ours Min
IDING information should be carefully supplied. of death clearly and legibly.	10 worl	A. USUAL OCC	CUPATION (Give kind of working life, even if retired.	108. KINI	O OF BUSINESS O		.00	tate or foreign con	untry)	12. CITIZEN WHAT C	
NG rmatic death	13	13. FATHER'S NAME John. Herd.				14. M	OTHER'S MA	Mary. B	. gre	bner	
BINDIN of infor	15 (Yo	. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARME (If yee, give war or dat	D FORCES?	16. SOCIAL SECURITY I	NO. 17. IN	John.	B. Mich	1 1	DORESS	
RVED FOR Every item write the cau	7	(This does heart failur injury or	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which	TH of dying, e. a ans the diseas caused death	e., (A) Bra	in . Neo	/ /	respirado	sy failure	INTERVAL ONSET AI	
MARGIN RESEINF. NFADING INK. hysicians: please	FICATION	RISE TO TH	OR CONDITIONS, HE ABOVE CAUSE (A)	STATING TI	(B) NG HE DUE TO (C)					3	
MARGIN UNFADING Physicians:	CERT	TO THE	NIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSIN	RELATED TO		•	•••••••••••••••••••••••••••••••••••••••				
Prof.	CAL	8/1		WAS PERFO		lasm.	C	AUSE OF DEAT ART I OR PART	H, ENTER IN	YES X	NO [
INLY, WITH	MEDI	OR CONTRIB	UTING CAUSE O IFY MEDICAL EXAMIN Month) (Day) (Year	F about	home, farm, factory, stree	st, office bldg., etc.) INJURY OC	CUR7			,
AB		OF INJURY		m.	WHILE AT NO WORK	T WORK				3	
PLEASE WRITE PLA		dcceased al			and that death	occurred at	DRESS	from the caus		23c. DATE	ed abov
SE W	2. TI	4A. BURIAL. G	REMA- 24B. DATE	10/2	24C. NAME OF CE	METERY OR	CREMATOR	24D. LOCATIO	N (City, town,	or county)	(State
PLEA		ATE RECEIVED		's SIGNATI	URE CONTRACTOR	2500	UNERAL DIR	ECTOR)	530	ADDRESS S	Pord

(State)

VS 150



BALTIMORE CITY HEALTH DEPARTMENT

Registered 53 7493

1. NAME OF DECEASED (Type or Print) AGNES CIERZNIAK 2. DATE OF DEATH OF Augus DEATH 4. USUAL RESIDENCE (Where deceased lived, If i						
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where decessed lived, If i						
	institution : residence					
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland	before admission)					
HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits	, write RURAL and give					
INSTITUTION 610 S. Bethel Street Baltimore	township)					
Yrs. D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore Life Mos. Days 610 S. Bethel Street						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years)	Under 1 Year If Under 24 Hours nthis: Days Hours: Min.					
Female White Single January 27,1894 59	ntins Days Hours will.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF					
Charwoman Gas & Electric Co. Maryland	WHAT COUNTRY?					
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
Joseph Cierzniak Michaline Janowska						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	DDRESS					
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 212 079 042 Mr. Henry Cierzniak, 811 S. St	reeper Street					
18. 1554 CAUSE OF DEATH	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
(This does not mean the mode of dying, e.g., (A) Carcinous of Liver	2 4105					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES	7					
- LAMELIAN - A BOART						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD	******************************					
UNDERLYING CONDITION LAST.						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
₹	YES NO					
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, officebldg., etc.) INJURY OCCUR?	(ive exact location)					
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
F INJURY WHILE AT NOT WHILE THE NOT WHILE T						
22. I hereby certify that I attended the deceased from June 10, 1953, to Qua 21, 1953, that I last saw the						
acceased alive on Aug 20, 192), and that death occurred at a mm, from the daises and on the date stated above.						
23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED					
24a. BURIAL, CREMA-1 24B. DATE 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION City, LANG	(State)					
TION REMOVAL (Specify)						
	ADDRESS					
VS 150 753 SE Skarle D. Sadowski						

to be a supplied to the property of the property of

J, Bii	53 7	25		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered N	53	7494
(T ₃	NAME OF D	CHARLES 6	ROSSA	AM .	Aug.		1-5	3
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION					C. CITY OR TOWN (If	B. COUNTY	befo	re admission)
J		stay in Baltimore	CIAL H	Yrs. Mos. Days	D. STREET ADDRESS (II'r 2439 LAK		=.	
	M M	6.COLOR OR RACE	MAR	ED, DIVORCED (Speelfy)	DEC. 28, 1889	9. AGE (In years last birthday)	under 1 Year nths Days	If Under 24 Hours Hours Min.
work	FATHER'S	CCUPATION (Give kind of of working life, even If retired) NAME CROSSM	PENERA	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for NEW YORK) 14. MOTHER'S MAIDEN NA BESSIE UM	ME	215	COUNTRY?
15. (Yes.	WAS DECEAS	ED EVER IN U.S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS	
RTIFICATION	(This does heart failt injury or DISEASE RISE TO T	I S OR CONDITION LEADING TO DEAT IS not mean the mode o Ire, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	'H f dying, e. g. ns the disease aused death. ES ANY, GIVING STATING TH	DUE TO	of DEATH al Carlie Cardio va		ONSET	AND DEATH
ERTIF	TRIBUTING	II SIGNIFICANT CONDITION TO THE DEATH, BUT	NOT RELATE					

21c. WHERE DID

20. AUTOPSY YES

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.)

198. MAJOR FINDINGS OF OPERATION

INJURY OCCUR?

(If in Baltimore City, give exact location)

19A. DATE OF OPERATION

21E. INJURY OCCURRED WHILE AT NOT WHILE

21F. HOW DID INJURY OCCUR?

FID. TIME (Month) (Day) (Year) (Hour)

WORK 22. I hereby certify that I attended the deceased from.

1953 that I last saw the . 1953, and that death occurred at from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED

23A. STGNATURE

MEDICAL

24A. BURIAL CREMA-TION, REMOVAL (Specify) 24B. DATE

deceased alive on_

24c. NAME OF CEMETERY

REGISTRAR'S SIGNATURE

ADDRESS

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

H-	3	40
53 NO	74	195

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

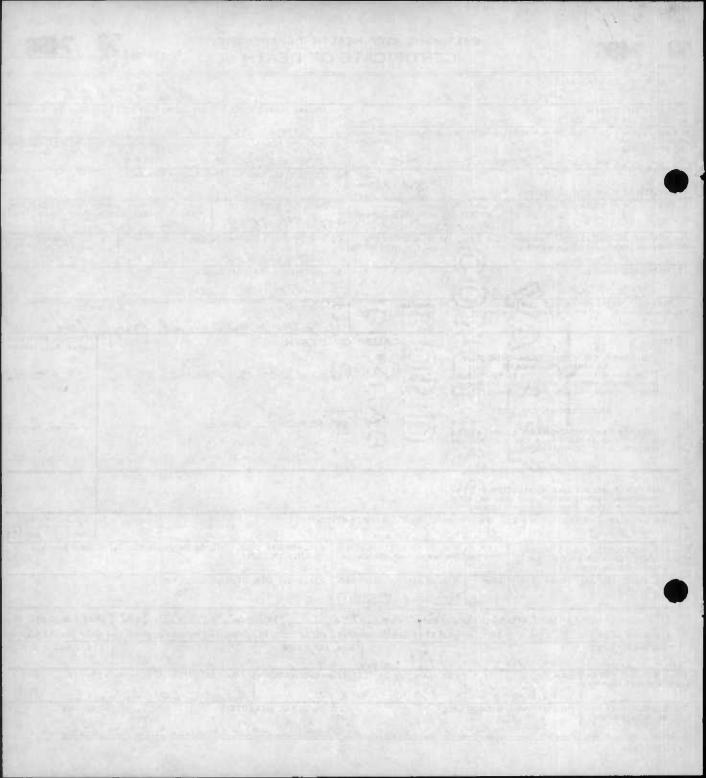
53 7495
Registered No.

1. NAME OF DECEASED EVELYN VIOLA	HADLEY 2. DATE OF DEATH 821-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street addres HOSPITAL OR locati	
INSTITUTION SO, BALTO. GEN. HOSP.	township)
00, NAL10. OEN. 110SP.	DITCHIVOR.
c. Length of stay in Baltimore	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH 9. AGE (In years ff Under 1 Year ff Under 24 Hours offy) Months; Days Hours; Min.
F WIDOWED	AUG. 13, 1885 68 Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired)	BOCCAVIVAL N. V WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	MARY ARAMINTA DROTHERS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS
SECONITY A	MR. MARVIN B. HADLEY 5244 FOURTH ST.
18. 14.2 A . 1 CAUS	F OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	man lambonin I dans
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	to - 0.
Z (B)	Berosceroso 291.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST.	
0	
Ë II	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF O	PERATION 20. AUTOPSY?
4	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bl	g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
Short of Beatti	
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	
m. WHILE AT NOT WE AT WO	
22. I hereby certify that I attended the deceased from	7-3, 1953 to 8-21, 1953 that I last saw the
	eurred at 10:50 km., from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 23G. DATE SIGNED
an follow M.D.	207 & For Cive. 8-22.53
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEM	TERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
BURIAL 8/25/53 PARKUI	EW PEURIA, ICC.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MIC 221953	MINISTEN T. DENNY, INC. 715 LIGHT ST
	70110

1-	3	40
53	74	196

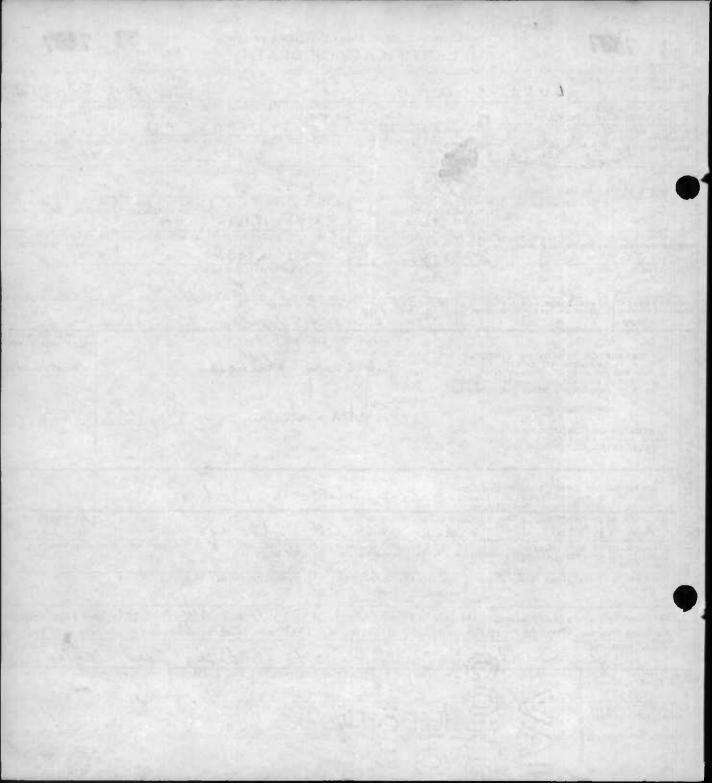
egistered	53	7496	

53	745 TH NO.	36		CERTIFIC		E OF DEATI		Register	red No_	7496
1. 1	NAME OF Dope or Print)	ECEASED	p Lyz	TLE				2. DATE OF DEATH	8-22	-53
	PLACE OF D	EATH: City, Maryland	,			4. USUAL RESIDE	ENCE (WI			tution: residence before admission)
B. F HOS	ULL NAME SPITAL OR TITUTION	OF (If not in hospit		lo	ldress or ocation)	c. CITY OR TOWN	(If c	outside corporate	limits, wr	ite RURAL and give township)
C.		tay in Baltimore	10/21/172	54	Yrs. Mos- Days	D. STREET ADDRE		ural, give location	on)	200
5. 8	EX	6. COLOR OR RACE	MAL	MARRIED, VED, DIVORCED		8. DATE OF BIRTH	398	54	rs Under 7) Months	1 Year ft Under 24 Hours Days Hours Min.
work d	OUSE		10B. KIND	OF BUSINESS	OR	MARYLA	PND		12.	CITIZEN OF WHAT COUNTRY!
13.	MEL.	CHOR BAI	KER			14. MOTHER'S MA				
15, (Yes,	WAS DECEASE	ED EVER IN U, S. ARMEI (If yes, give wer or date	FORCES? s of service)	16. SOCIAL SECURITY	/ NO.	17. INFORMANT	l Mana a		ADDR	BALL UND
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO UNDERLY	SE OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT	TH of dying, e. g ns the disease aused death GES F ANY, GIVIN STATING TH STONS CON	(B)	aro	nary oc riosclu	-sei	sio-	-	ONSET AND DEATH
U	TO THE D	ISEASE OR CONDITION	CAUSING I	FINDINGS OF		ATION				20. AUTOPSY?
EDICAL	21A. ACCID	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about bome, f	ACE OF INJURY	(e.g., in	n or 21c. WHERE D		in Baltimore C	City, give	YES NO Rexact location)
∑ -	F INJURY	(Month) (Day) (Year)		21E. INJURY OF	CCURR	ED 21F. HOW DID	INJURY	OCCUR?		
	deceased al	y certify that I att	ended the , 1953,	deceased from and that death	h occur	red at/039am.,	to S from th	e causes and	on the de	
1		Carawa			. D. /	3B. ADDRESS	18	ud.	2	8-22-53
IION	BURIAL, O	pecify) 8-25-	- 6 V	T. PAUL	EMETE	ETH.	NORRE	SULLE H		0 11



C	5-5	30	0							
BI	3 RTH NO	748	37				OF DEATH	T Registe	53 ered No_	7497
	NAME ype or F		CEASED LUL	A 30	ОТН			2. DATE OF DEATH	Aug.	22,1953
A.	Baltim		ty, Maryland				4. USUAL RESIDENCE	(Where deceased li-	ved. Ininst	
HC	FULL N SPITAL STITUT		Predudica		ion, give street ac	ddress or location)	c. CITY OR TOWN		e limits, wi	rite RURAL and give
+	1	, , ,	my min	1		Yrs.	D. STREET ADDRESS	(If rural, give locati	on)	
	Lengtl	h of st	ay in Baltimore		10 VRS	Mos. Days	631 St.	ann's	(lus	
	F		6. COLOR OR RACE	WIDOW	E, MARRIED. VED, DIVORCED	(Specify)	8. DATE OF BIRTH SE PT. 14,188	9. AGE (In ye last birthda	ars Under	Days Hours Min.
10 vork	A. USU/	ng most of	UPATION (Give kind of working life, even if retired	108. KIND	OF BUSINESS	OUSTRY	11. BIRTHPLACE (State o	r foreign country)		CITIZEN OF WHAT COUNTRY?
13	. FATH	ER'S N		107	ES/16		14. MOTHER'S MAIDEN	NAME		
	Ch	AR	LES D	RUI	TT		Mikn	owN		
15 (Yes	, mo or un	ECEASEI	(If yes, give war or dat	D FORCES?	16. SOCIAL SECURIT	NO.	HOOP I WOO	/ Ph (ADDE	RESS MJ
	18.	420	. I and	260X			F DEATH	4 /\· y. 0	T L 1300	INTERVAL BETWEEN
	0		OR CONDITION			2				ONSET AND DEATH
	hear	is does rt failure	LEADING TO DEA not mean the mode e, asthenia, etc. It me complication which	of dying, e. g ans the diseas	e,	oro	nory ocelus	im	*************	6 Minules
			NTECEDENT CAU	SES		and	1.000		100	
Z O F	DIS	EASES	OR CONDITIONS, E ABOVE CAUSE (A	IF ANY, GIVIN	(B) IG IE DUE TO	0000				
CAT	UNI	DERLYI	NG CONDITION L	AST.			***************************************			
L.		-	- 11							
CERTI	TRI	BUTING	GNIFICANT CONE TO THE DEATH, BUT EASE OR CONDITIO	NOT RELATE	ED	Dia	betes mel	litus		
				198. MAJOR	FINDINGS OF	F OPER	TION 111	(20. AUTOPSY?
DICA		ACCIDE	8, 1953 NT WAS UNDER-	21B. PLA	ACE OF INJURY	(e. g., in	or 21c. WHERE DID	If in Baltimore	City, give	exact location)
MED	LYING		CONTRIBUTING	about bome,	farm, factory, street, o	ffice bldg., et	INJURY OCCUR?	10.0		
	21b. T OF IN.		fonth) (Day) (Year		21E. INJURY O		D 21F. HOW DID INJU	JRY OCCUR?	210	
				m.	WORK .	AT WORK		STATE OF THE PARTY.		
			certify that I at				(1) 19 F3, to			nat I last saw the
		SEA ALL	UP On Ory, 21	, 19 4 5.	and that deat		ed at 12:30 p.m., from	n the causes and		ate stated above. 3c. DATE SIGNED
		d	glen C.	Raser		4. D.	1540 Oak	ridge Ros	0	cuag. 22, 19-13
24 TIC		RIAL, CI OVAL (Sp RIA)	REMA- 24B. DATE ecify) A40 2	1190	,) -	ONG	1 1 -	ALISBUR	DESCRIPTION OF THE PARTY OF THE	ounty) (State)
D'A	CAL R	CEIVED	BY REGISTRAF	SIGNATU	IRE IS S	at.	25. FUNERAL DIRECTO	R		DRESS

720 FA



before admission)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

unknown

unknown

longstandi

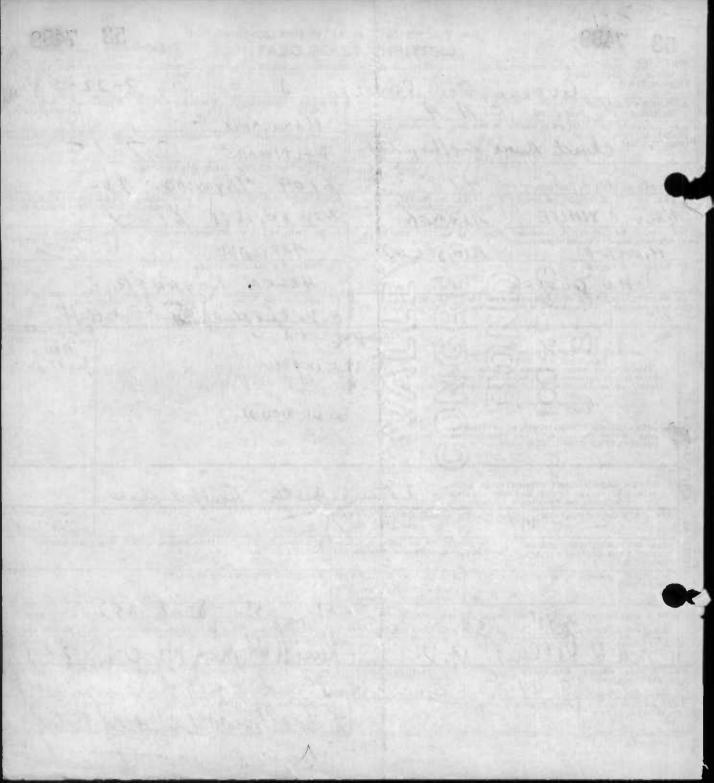
23c. DATE SIGNED

8/22/53

Incon!

Single of the state of the state of ATTENDED TO SECURE OF SECURE MARKET . ANGELOW . DIV. . Office? . The Example State .. Shagov TARREST OF CARRIED . of . odfred decrease that a KANDAT PARTY E17 22

5-524		
57 /400	HEALTH DEPARTMENT 53 TE OF DEATH Registered No.	7499
BIRTH NO.		
(Type or Print) GUNKEL REU. RUDO.	LPH J. 2. DATE OF 8	22-53
a. Baltimore City, Maryland C. H. H.	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address location)		write DIIDAI and give
INSTITUTION Church Home aneltopulal	BALTIMORE 27-	township)
Mo Mo		
ngth of stay in Baltimore 7/ Da	ys 6/09 MAY WOOD IT	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec		the Days Hours Min.
MALE WHITE MARRIED	NOV. 30, 1891 61 9	
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	RY	2. CITIZEN OF WHAT COUNTRY?
MINISTER MINISTER	MARYLAND	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOHN GUNKEL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	HELEN KOERNER.	20500
(If yes, give wer or dates of service) SECURITY NO		H.H.
18. / 99, 9 CAUS	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		7 16.1 WR
	ARCINOMA.	Jan 15.53
heart failure, asthenia, etc. It means the disease.		
injury or complication which caused death.) DUE TO		
	L. A. M. M. CO. S. (A.)	
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	L KK NOWN	
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	W NK NOWN	
injury or complication which caused death.) ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	L NK WOWN	
injury or complication which caused death.) ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	L KK WOWN	
Injury or complication which caused death.) ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	orelate Heart disease	20. AUTOPSY?
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OR	orelate Heart disease	20. AUTOPSY? YES NO
Injury or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office blow the cause of t	PERATION g, in or 21c. WHERE DID (If in Baltimore City, gi	YES NO [
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OR CONTRIBUTION CAUSING IT. 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (c. about home, farm, factory, street, office blinder, garm, factory, street, office blinder.	peration g., in or 21c. Where DID (If in Baltimore City, girls, etc.) INJURY OCCUR?	YES NO [
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OR LYING OR CONTRIBUTING About home, farm, factory, street, office bit CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bit CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	PERATION g., in or 21c. WHERE DID (If in Baltimore City, girds, etc.) RRED 21f. HOW DID INJURY OCCUR?	YES NO [
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OR LYING OR CONTRIBUTING about home, farm, factory, street, office bit CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU WHILE AT NOT WHEN AT WORK AT WORK	PERATION g., in or 21c. WHERE DID (If in Baltimore City, girde, etc.) RRED 21f. HOW DID INJURY OCCUR?	ve exact location)
Injury or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office block of the disease of DEATH 21D. TIME (Month) (Day) (Year) (Hour) 22 I hareby continued that I attended the decoursed from	e, in or 21c. WHERE DID (If in Baltimore City, girde, etc.) RRED 21f. HOW DID INJURY OCCUR?	ve exact location) Ahat I last saw th
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OF CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (c. about home, farm, factory, street, office blue CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU WHILE AT NOT WH WORK AT WO	PERATION g., in or 21c. WHERE DID (If in Baltimore City, girds, etc.) RRED 21f. HOW DID INJURY OCCUR? ILE 195, to 5-22, 195; curred at 11:30 m., from the causes and on the	ve exact location) Ahat I last saw th
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OR LYING OR CONTRIBUTING CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU WHILE AT NOT WH WORK AT WO 22. I hereby certify that I attended the deceased from deceased alive on 19 20 and that death occurrence of the control of the co	PERATION g., in or 21c. WHERE DID (If in Baltimore City, girds, etc.) INJURY OCCUR? RRED 21f. HOW DID INJURY OCCUR? ILE 7 Curred at 1:36 m., from the causes and on the above and the causes are an are	hat I last saw the date stated above
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OR LYING OR CONTRIBUTING CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU WHILE AT NOT WH WORK AT WO 22. I hereby certify that I attended the deceased from deceased alive on 19 20 and that death occurrence of the control of the co	PERATION g., in or 21c. WHERE DID (If in Baltimore City, girds, etc.) RRED 21f. HOW DID INJURY OCCUR? ILE 195, to 5-22, 195; curred at 11:30 m., from the causes and on the	hat I last saw the date stated above
Injury or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	ERATION g., in or 21c. WHERE DID (If in Baltimore City, girdeg, etc.) RRED 21f. HOW DID INJURY OCCUR? LILE RRED 21f. HOW DID INJURY OCCUR? Curred at 1:34 m., from the causes and on the causes are caused at the causes and on the causes are caused at the c	hat I last saw the date stated above 23C. DATE SIGNED or county) (State)
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OR LYING OR CONTRIBUTING CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU WHILE AT NOT WH WORK AT WO 22. I hereby certify that I attended the deceased from deceased alive on 19 20 and that death occurrence of the control of the co	e., in or 21c. WHERE DID (If in Baltimore City, girden, etc.) INJURY OCCUR? RRED 21f. HOW DID INJURY OCCUR? LEE ADDRESS TOWN (City Jawn, of the Causes and on y and Causes and Onl	hat I last saw the date stated above
Injury or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF LYING OR CONTRIBUTING About home, farm, factory, street, office block CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office block CAUSE OF DEATH 21B. PLACE OF INJURY (e. about home, farm, factory, street, office block CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU WHILE AT NOT WHAT AT WO. 22. I hereby certify that I attended the deceased from deceased alive on A. 19 1. and that death occurrence of the control of the	ERATION g., in or 21c. WHERE DID (If in Baltimore City, girdeg, etc.) RRED 21f. HOW DID INJURY OCCUR? LILE RRED 21f. HOW DID INJURY OCCUR? Curred at 1:34 m., from the causes and on the causes are caused at the causes and on the causes are caused at the c	we exact location) That I last saw the date stated above 23c. DATE SIGNED (State)
Injury or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF LYING OR CONTRIBUTING About home, farm, factory, street, office block CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office block CAUSE OF DEATH 21B. PLACE OF INJURY (e. about home, farm, factory, street, office block CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU WHILE AT NOT WHAT AT WO. 22. I hereby certify that I attended the deceased from deceased alive on A. 19 1. and that death occurrence of the control of the	ERATION g., in or 21c. WHERE DID (If in Baltimore City, girdeg, etc.) RRED 21f. HOW DID INJURY OCCUR? LILE RRED 21f. HOW DID INJURY OCCUR? Curred at 1:34 m., from the causes and on the causes are caused at the causes and on the causes are caused at the c	hat I last saw the date stated above 23C. DATE SIGNED or county) (State)



0

10

THE PRINTED AND THE PRINTED BY 44. A hereby confly that I alouded the decrees from ______ decome after an analysis of the decide exercise of the second order of the contract of the fire decided order (STATE STATE STATE AND STATE STATE OF STATE AND STATE OF STATE AND STATE OF ANTERNAL DE